

2019

# Healthy Work Collaborative: Examples from the Field

Partnerships to advance *Total Worker Health*<sup>®</sup> through policy, systems, and environmental change



**Center for  
Healthy Work**

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# Acknowledgements

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Benedictine University

Boone County Board

Boone County Health Department

Centro de Trabajadores Unidos

Chicago Workers' Collaborative

Cook County Department of Public Health

Cook County Health

Growth Dimensions

Health & Medicine Policy Research Group

Illinois Public Health Association

Legal Aid Chicago

Restaurant Opportunities Center of Chicago

The Workforce Connection

## NIOSH/TWH

The University of Illinois at Chicago Center for Healthy Work is funded by the National Institute for Occupational Safety and Health as a Center of Excellence for Total Worker Health®. Total Worker Health supports ground-breaking research that addresses the implications of today's changing workplace and responds to demands for information and practical solutions to the health, safety, and well-being challenges that workers face.

# Introduction

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## What is Precarious Work, and Why Does It Matter?

The University of Illinois at Chicago (UIC) Center for Healthy Work is a research and education center established in 2016 to advance the health and well-being of workers in Chicago, the state of Illinois, and the nation. The Center's mission is to remove barriers that impact the health of those employed in precarious jobs. Precarious work is a term that describes work that is unstable, unpredictable, or otherwise risky for the worker, including low- and minimum-wage jobs, jobs lacking opportunities for advancement, contracted/temporary jobs, and jobs without benefits or protections from exploitation and abuse.

Our center is one of six Centers of Excellence for Total Worker Health®, funded by the National Institute for Occupational Safety and Health (NIOSH). Total Worker Health is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being<sup>1</sup>.

The focus of our research is on the significant number of precariously employed workers which is growing across all US economic sectors. Precariously employed workers are at greater risk of occupational injury, physical and mental illness, and fatalities<sup>2</sup>. They often lack opportunities to build power and take collective action in the workplace leading to depersonalization, devaluation, and increased likelihood of bullying, harassment, and discrimination<sup>3</sup>. Precariously employed workers are also less likely to have access to traditional sources of protection because of fractured employer relationships and labor misclassification. Programs targeted to improving the health and working conditions for these workers are complex because they are unlikely to have a regular employer or workplace precluding the workplace as a point of intervention.

The causes and impacts of precarious employment are complex and multi-faceted. In order to best address the complexity of precarious work, integrated public health initiatives should consider the complex interplay between work-related and non-work-related factors that integrate health protection with health promotion<sup>4</sup>, while also addressing the need to utilize multidimensional and multi-sectoral approaches across all levels of the social-ecological environment. Policy, systems, and environmental (PSE) change initiatives may address the community and structural-level causes of health and disease for precarious employment<sup>5</sup>. However, little is known about PSE approaches to promote healthy work for those in precarious jobs.

## History of the Healthy Work Collaborative

Healthy Communities through Healthy Work (HCHW) is one of two projects from the Center for Healthy Work, which focuses specifically on building evidence to make work healthier for those in precarious jobs, through diverse partnerships aimed at facilitating policy, systems, and environmental change initiatives.

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In spring 2017, the HCHW project conducted an environmental scan: guided interviews with fifty-five national, state, and local organizations across from the public health, healthcare, nonprofit, labor, legal, research, and education sectors. Topics covered in the environmental scan included:

- Organizational perceptions of worker health, including strengths, opportunities, challenges, and threats related to healthy work in the context of precarious work
- Existing efforts that support worker health promotion and protection
- Policy-level proposals underway that address precarious work
- Initiatives that build capacity for workers to advocate for their health and rights at work
- Communication channels used to distribute and share information across partners and stakeholders

The results from this environmental scan highlighted public health and healthcare organizations' limited knowledge and action surrounding precarious work, and a lack of collaboration between health and labor organizations despite recognition that work is a key social determinant of health. Findings were used to develop the next phase of the project: an intersectoral capacity building initiative called the Healthy Work Collaborative to Map Action for Social Change (HWC).

Hosted at the UIC School of Public Health, the HWC invited public health and health care organizations to engage with labor, government, and non-profit organizations in a collaborative learning experience. Eight teams of multi-sectoral partners participated in the six-session exploratory process. Representatives from the labor sector provided technical assistance and facilitated trainings to help these organizations define precarious work and develop action plans for implementing policy, systems, and environmental change initiatives that address precarious work within their jurisdictions/communities. Facilitated trainings focused on:

- Understanding the Problem: What is Precarious Work? Systems Thinking, Rich Picture
- Systems, Strategies, and Approaches: Power Mapping, Framing Exercises, Understanding Existing Approaches
- Theory of Change: Stake and Outcomes Decisions, Theory of Change Development

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At the end of this learning collaborative, HCHW offered participating teams mini grants up to \$10,000 to implement their action plans. HCHW awarded a total of \$67,900 in funding. Each team worked closely with a UIC facilitator to implement their initiatives and attended a series of in-person and online trainings that continued to foster partnerships while building knowledge and capacity to address precarious work through systems change. Trainings included; *Identifying Strategic Priorities for the HWC, How to Write a Case Study, The Impact of Current Labor Policies on Workers, and HWC Project Presentations*.

## How to Read This Report

The purpose of this document is to present case studies describing each team's efforts over the course of the HWC. Each case study describes the issue the team hoped to address (*Recognizing the Need*), why each organization chose their particular approach (*Starting the Conversation*), how the collaboration functioned and interacted (*Building Relationships*), what the collaboration accomplished (*Gaining Momentum*), challenges and opportunities gleaned from the experience (*Lessons Learned*), and what each team hopes to accomplish in the future (*Looking Ahead*).

Our hope is that these case studies will inspire similar efforts across the country, increasing our national capacity to make healthy work a reality for all workers.

## Next Steps

The UIC Center for Healthy Work is committed to contributing to the evidence-base to support workers and our partners. We aim to turn unhealthy work into healthy work. HCHW will continue to support our HWC partners to continue impacting the health of workers in their communities.

HCHW is conducting an evaluation of the HWC model which will be used to revise the HWC for expansion and replication. In addition, HCHW is developing training materials to help share the HWC model with others.

The UIC Center for Healthy Work would like to extend a sincere thank you to each of the individuals and organizations who participated in the Healthy Work Collaborative and subsequently mobilized to develop and implement policy, systems, and environmental change initiatives aimed at addressing precarious work. Each of these individuals and organizations dedicated significant time and resources to these efforts, and without these inputs this work would not have been possible.

# Advancing Labor Rights in Immigrant Communities

Centro de Trabajadores Unidos •  
Cook County Department of Public Health • Arise Chicago



## Assessing the Need



In Calumet City, a suburb south of Chicago that has a total population of 37,073 people, one in five residents live below the federal poverty line, making it difficult to afford basic living expenses and health-promoting resources like healthy foods and medications. Many in this immigrant-rich community remain trapped in precarious jobs, earning as little as \$8.25/hour, with tipped workers earning just \$4.95/hour. Low-wage workers often experience labor abuses and the harmful effects of poverty, as well as lack of access to earned sick leave or other benefits.

**Although over 80% of Calumet City residents voted to increase the minimum wage in 2017, the Calumet City Council “opted out” of the Cook County minimum wage ordinance, leaving low-wage workers vulnerable.**





## Advocating for Workers

Recognizing their shared goal of addressing labor rights issues for all workers, Centro de Trabajadores Unidos—United Workers Center (CTU) and the Cook County Department of Public Health (CCDPH), in partnership with Arise Chicago, decided to collaborate to educate south suburban community members on the public health impacts of the minimum wage and sick leave ordinances. While this partnership began with the goal of increasing education and awareness around the public health imperative of these ordinances, the team later shifted to focus on an emergent workplace justice issue affecting maintenance staff in a local school.

**CCDPH** is the state-certified public health department for nearly all of suburban Cook County and is committed to addressing large systemic inequities that impact residents' quality of life.

**CTU** is a worker advocacy organization established in 2008 which educates and supports workers in the fight for their rights, builds leadership in the immigrant community, and organizes and advocates for policy changes to increase standards for all workers.

**Arise** is a membership-based worker center and interfaith organizing group that educates and organizes workers and faith allies to advocate for workplace rights and policy changes that improve working conditions.

Participating in the Healthy Work Collaborative helped CTU and CCDPH realize that useful and accessible data was lacking, demonstrating the importance of these public health issues and highlighting how organizations can share assets to advance this work.



## Joining Together

Over the past few years, CTU and CCDPH have engaged in conversations regarding the intersection of work and health and how racism contributes to health inequity in the context of work. CCDPH provided expert testimony and data at governmental meetings to underscore the health impact of the ordinances, and CTU shared worker stories to bring CCDPH's data to life. While CCDPH is a large state-certified health department, CTU is a smaller community-based organization and workers' center that is able to respond quickly to new threats. The team partners leveraged each other's respective strengths to achieve success: CCDPH used its authority as a public health department, while CTU opened conversations with workers and community members about how work impacts their health.

The team also invited local elected officials, public health professionals, local businesses, and other coalition partners to discuss the public health impact of minimum wage and paid sick leave, which generated more advocacy for labor rights in the south suburbs. Furthermore, the team connected with other coalitions and has found that developing a deeper power analysis has helped in better understanding their community's dynamics.

The UIC School of Public Health in collaboration with CCDPH identified six phases to conducting PSE change. The UIC Center for Healthy Work supported CTU and CCDPH in Phases 1 and 2 of the change cycle by assisting with strategy development and constituency engagement.<sup>1</sup>



# Project Goals

1

Increase education and awareness around the public health priority of the minimum wage and sick leave ordinances

2

Make connections and communicate with community members in the south suburbs to understand local dynamics of precarious work

3

Identify and effectively respond to emergent workplace issues that are impacting community members



# Project Strategy

Throughout this project, CTU organizers and CCDPH representatives recognized the importance of understanding the extent of labor violations and workers' limited of knowledge of their rights at work.

- ▶ With this in mind, the team focused on the following activities:

### Reaching out to community residents

CTU organizers spent time connecting with south suburban community members through Know Your Rights trainings and house meetings.

### Re-centering education materials

Communication with workers revealed that CTU needed to re-focus its workers' rights curriculum on education about wage theft, retaliation, paid sick leave, minimum wage, and immigrant rights.

### Asking the right questions

CCDPH and CTU developed questions to ask in conversations with workers, focusing on how labor violations affect the health and livelihood of workers and their families.

### Identifying the need for accurate data to support future policy and systems work

The stories shared by the community helped emphasize the need for accurate employment data to support future policy and systems work.

- ▶ Through these activities, the team learned of a situation requiring immediate attention: eight maintenance workers at a local school district had been wrongfully terminated after they organized to stop continued wage theft.

### The project team uncovered numerous unjust labor practices

Workers had been denied healthy, stable work because of wage theft and other practices implemented by the school district and contracted company.

### CTU collaborated with the Community Activism Law Alliance

With the help of this legal service, CTU filed a lawsuit against the company to recoup the workers' losses.



## Lessons Learned

Both partners learned early on that they needed to adapt and evolve their approach and goals as they understood more about the realities that workers face. By creating opportunities to hear from workers, the team was able to effectively re-focus on issues of the most direct importance.

**CTU's** legal intervention on behalf of school district workers generated broader conversations about systemic changes needed in the school districts to prevent major health and safety violations from occurring again.

**CCDPH** benefited from the direct access to worker experiences that the partnership offered, and were able to tailor their data collection and analysis to the needs of grassroots advocacy groups and community members.



CTU's collaboration with the Community Activism Law Alliance demonstrated how the combined power of several organizations working together can help achieve health and justice for workers.



The team originally thought that they would focus on minimum wage issues, but learned that workers' top priority was addressing wage theft and retaliation.

Throughout their project timeline, the team connected with a number of other organizations well-rooted in the community, which further increased their capacity to effect change.

## Looking Ahead



CTU has taken their analysis from this project and plans to apply it to their other organizing work, including their anti-deportation defense campaigns and other future public campaigns. CCDPH is working towards making data about workers in suburban Cook County more accessible to inform future worker advocacy campaigns.

As a team, CCDPH and CTU are hoping to help implement stronger worker policy protections and create sustainable grassroots conditions for future advocacy work. CTU is also hoping to continue providing technical and legal support in the south suburban communities to workers facing labor violations.

CTU and CCDPH plan to continue to deepen their relationship and support one another's work in the future.

## Partners

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**Center for  
Healthy Work**

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1. Welter C, Jarpe-Ratner E, Massuda Barnett G, Chebli P, Kite H, Geraci M, Becker A, and Hachett L. Six phases for building sustainable impact through policy, systems, and environmental change. Action Learning Brief No. 002. Illinois Prevention Research Center, University of Illinois at Chicago. Chicago, IL. April, 2019. <https://illinoisprc.org/publications/>

Funding for this project was through the University of Illinois at Chicago (UIC) Center for Healthy Work, a National Institute for Occupational Safety and Health Center of Excellence for Total Worker Health (Grant: U19OH010154). The views expressed in written materials do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

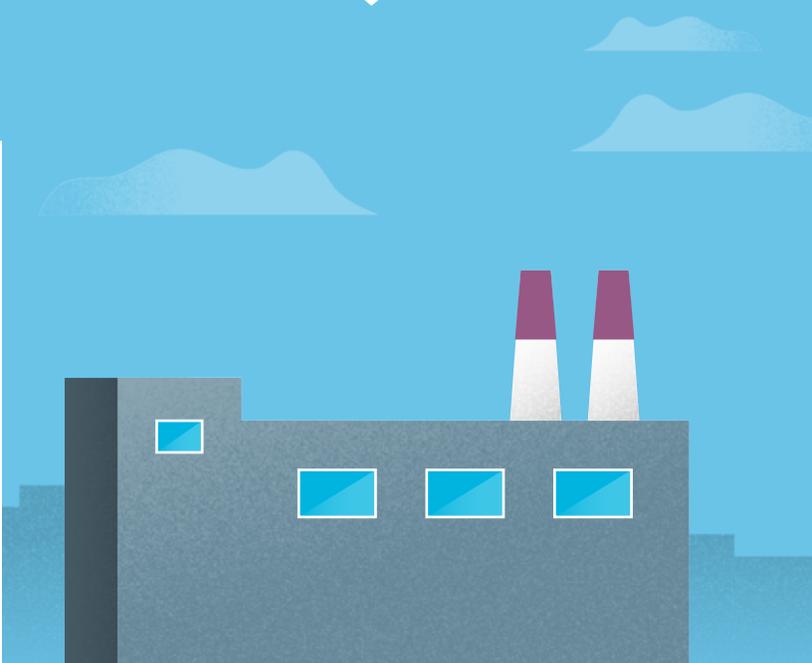
# Advocating for Healthier Communities

Boone County Health Department • Boone County Board  
• Growth Dimensions • The Workforce Connection

## Tracking the Effects of Precarious Work

Over the last few decades, Boone County, a rural county in northern Illinois, experienced several profound changes in both their local economy and demographics, especially in the manufacturing and agriculture sectors. Boone County's high proportion of blue-collar workers and population of undocumented residents are particularly affected by precarious work. These workers, along with several local employers, community organizations, and health advocates, share a common interest in increasing access and availability of stable, healthy jobs in Boone County.

**As Boone County continues to grow and welcome in new businesses, exploring ways to make work healthier for all residents remains imperative.**





## Forming a Collaborative

Boone County's Comprehensive Plan and their Community Health Improvement Plan identified objectives related to economic growth and development, workforce development, and the social determinants of health, which made addressing precarious work a priority area for the county. Four local organizations joined together for the first time during the Healthy Work Collaborative to form the Boone County Healthy Work Initiative (BCHWI).

**The Boone County Board** is a legislative body that operates the county government.

**Boone County Health Department** is the local governmental public health agency.

**Growth Dimensions** is an organization dedicated to economic opportunity and personal growth.

**The Workforce Connection** is a partnership of state and federally funded employment and training programs and educational entities.



## Connecting a County

To begin the process of addressing economic growth and development, workforce development, and the social determinants of health, BCHWI sought to learn more about precarious work in Boone County and gain support from local officials and community members. To build these connections, BCHWI planned to meet with County and City officials—the mayor, the county board chairman, the county administrator, and leadership of the two villages in the northern part of the county.

BCHWI also needed to develop strategies to connect with community members, especially precariously employed workers, to learn about the effects of changes to Boone County's local economy, demographics, and level of access to healthy jobs. Boone County's disproportionately high number of blue-collar workers and the growing Latino population, a percentage of whom are undocumented, are especially vulnerable to the detrimental effects of precarious work.

Over the course of the grant period, BCHWI planned to develop a charter of commitment from the local governing body subcommittee, as well as develop and complete a resolution draft proposal to the Boone County Health and Human Services Committee.

These four organizations formed BCHWI to understand work as it relates to health and to help make work healthier for all Boone County residents.



# Project Goals

1

To further explore the root causes of precarious work and the pathways to healthy work in Boone County

2

To enhance the relationships of public health, healthcare, and social service organizations with worker centers, labor unions, and other worker advocacy organizations

3

Together with elected leaders, to reform and redress the drivers of precarious work systemically to make healthy work an opportunity for all Boone County residents



# Project Strategy

BCHWI and UIC researchers developed a focus group guide and conducted focus groups with community members to discuss workplace dynamics. Agricultural workers unable to attend focus groups were reached with electronic surveys. The resulting qualitative data clarified community priorities and was used to draft the City Council and County Board resolution.

► Results from the focus groups highlighted the following overarching themes:

### Barriers to access or sustain employment

Including caregiving responsibilities and transportation

### Mental and physical health concerns

Including stress, workplace injuries, and workplace hazards

### Educational issues

Including higher education costs and the need for additional vocational programs

### Impact on the youth population

Including youth safety and the perceived loss of youth populations from the county

### Unemployment and inadequate wages

Including difficulties in finding quality employment and the prevalence of low wage jobs

### Employer recognition

Including improvements noticed and appreciation for employers

► BCHWI presented a summary of these results and a proposed City Council and County Board resolution to Boone County’s Health and Human Services Committee (HHS).

### On Wednesday, August 14th, 2019, HHS voted unanimously (5-0) in favor of the resolution

This allowed the resolution to be passed onto the full County Board

### On Wednesday, August 21st, 2019, the Boone County Board passed the resolution with an 11-1 vote

BCHWI will utilize this support to continue their vision of achieving a healthy workforce and ensuring a safe and healthy work environment



# Lessons Learned

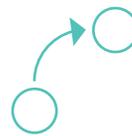
Initial plans to better understand the scope and severity of precarious work in Boone County consisted of an in-depth survey of workers in Boone County, but the team realized quickly that using a county-wide survey was not possible and would not provide the data needed. Instead, focus groups or “community meetings” were conducted to target and capture input from workers and employers across all of Boone County’s major industry sectors.

**When BCHWI first proposed their plans** to the City County Coordinating Subcommittee, they were initially met with resistance. The committee voiced concerns that governmental dollars should not be used on “academic” projects such as this one.

**One BCHWI member observed,** “After wading through the academia rhetoric I now see what I think our project can/should look like and am quite thrilled...to have a better shot at achieving many of the wishes we’ve both had for our County for quite some time.”



BCHWI reevaluated the project proposal to develop a more cohesive and clear argument, refining materials to incorporate less academic and more lay language.



Eventually, BCHWI transitioned their work to the Boone County Health and Human Services Committee, a more appropriate and supportive fit for this work.



Finally, BCHWI experienced growth and development as a smaller functioning group, as organizational partners had varying degrees of familiarity with the subject matter and academic training.



## Looking Ahead

The relationships created between the four organizational partners have grown substantially through the HWC process, and team members expressed eagerness to collaborate on other, unrelated projects as well. BCHWI hopes to establish a center that provides workers information about their rights, offers resources to help remedy employment-related issues, and advocates for healthy communities.

With these strategies, BCHWI plans to continue empowering the labor community, increasing civic engagement, and improving working conditions.

## Partners

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**Boone County  
Health Department**



**Center for  
Healthy Work**

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1. Welter C, Jarpe-Ratner E, Massuda Barnett G, Chebli P, Kite H, Geraci M, Becker A, and Hachett L. Six phases for building sustainable impact through policy, systems, and environmental change. Action Learning Brief No. 002. Illinois Prevention Research Center, University of Illinois at Chicago. Chicago, IL. April, 2019. <https://illinoisprc.org/publications/>

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# Building Community Support for Healthy Work

Arise • Cook County Department of Public Health  
• Centro de Trabajadores Unidos

## Recognizing the Need

In 2016, Cook County, Illinois adopted two ordinances: one that increased the minimum wage (MW) from \$8.25 to \$13 per hour by 2020 and another that mandated earned sick leave (ESL) for all private sector workers working within the county. Despite popular support and the health benefits<sup>1,2</sup> of these ordinances to workers, their families, and communities, the majority of local municipalities with home rule quickly moved to “opt out.”

**Town and village governments’ opt-out of minimum wage and earned sick leave ordinances caused an uneven regulatory environment for businesses and an unfair reality for workers who should have been entitled to these health-promoting ordinances.**





## Starting the Conversation

Two worker centers, **Arise Chicago** and **Centro de Trabajadores Unidos—United Workers' Center (CTU)**, joined with the **Cook County Department of Public Health (CCDPH)**, the state-certified public health authority for most of suburban Cook County, to pursue a comprehensive, coordinated County-wide approach to this issue. This case study profiles the collaborative effort between CCDPH and Arise to educate community members and leaders about the health impact of the Cook County MW and ESL ordinances.

**CCDPH** is a large governmental local health department with the public health knowledge, resources, and credibility to articulate the public health imperative of both ordinances.

**Arise** is a membership-based worker center and interfaith organizing group that educates and organizes workers and faith allies to advocate for workplace rights and policy changes that improve working conditions.

**Centro de Trabajadores Unidos** — United Workers Center, is a worker advocacy organization which educates and supports workers in the fight for their rights, builds leadership in the immigrant community, and organizes and advocates for policy changes to increase standards for all workers.



## Building Relationships

CCDPH and Arise had several meetings to build trust and establish the overall aims for this project. From the onset, it was clear that the teams had significantly different organizational structures and cultures. CCDPH is a large, bureaucratic governmental entity, often requiring additional time to move through political and organizational processes. While this may be challenging, CCDPH also has flexibility to shift its priorities and leverage its expertise and staff to take action. Unlike CCDPH, Arise is nimble and can adapt quickly to changing conditions. Simultaneously, being a grassroots organization can require staff to focus only on defined priorities and ensure their time and resources are being utilized effectively. Finally, Arise is often focused on short-term actions; CCDPH is often focused on long-term plans.

These two partners built trust through good communication and assigned clear roles and responsibilities to help navigate these differences. CCDPH recognized Arise's need to respond quickly to emergent threats, and gave them the support and resources they needed to act within their short timeline. By acknowledging these differences and working within the limitations they posed rather than holding organizations accountable to unrealistic timelines and expectations, the team was able to push forward together.

**Evaluation research at the UIC School of Public Health, in collaboration with CCDPH, identified six phases to conducting PSE change. The UIC Center for Healthy Work supported Arise and CCDPH in phases 1 and 2 of the change cycle by assisting with strategy development and constituency engagement.<sup>3</sup>**

As a result of Phase I of the Healthy Work Collaborative, these partners realized they shared complementary strategic goals and could leverage their individual assets and authority to move each others' work forward.



# Project Goals

1

Fostering community leadership among Cook County residents to promote worker health as community health

2

Integrating a health equity framework into county-level policy development

3

Creating educational materials to demonstrate the public health benefits of the MW and ESL ordinances



# Project Strategy

This data helped community leaders and residents to understand the impact of the ordinances on their communities.

These efforts helped to build community understanding of the proposed ordinances, resulting in:

- ▶ The collaboration between Arise and CCDPH led to the following accomplishments:

### Increasing data capacity

An epidemiologist from CCDPH and an intern from Arise merged two data sets to determine an estimated number of workers affected by the MW and ESL ordinances by municipality. This “goldmine” of new data now informs program decisions and enhances location-specific information for educational materials.

### Promoting public health benefits

CCDPH conducted outreach to individual public health professionals in the field to explain how MW and ESL are public health-enhancing ordinances and to enlist their support. This letter was published as an editorial in the Chicago Sun-Times in 2018.

### Equipping community leaders and residents with educational tools

Arise and CCDPH worked with CTU and UIC School of Public Health to create handouts describing the MW and ESL ordinances’ impact on worker, family, community, and business health.

### Winning local support for ordinances

CCDPH lent their credibility as a governmental public health organization, joining Arise at local municipal council meetings to articulate the positive health impacts of these ordinances.

- ▶ These efforts helped to rally community support for the proposed ordinances, resulting in:

### A municipality “opting back in” to the ESL ordinance



Benefitting an estimated 5,315 workers, or **21% of the municipality’s workforce**

### A municipality deciding to remain “opted-in” to both ordinances



Benefitting an estimated 6,422 workers, or **19% of the municipality’s total workforce**



# Lessons Learned

Taking the time to build relationships and trust across the organizations was essential in determining the success of this partnership. Leveraging structural differences as assets rather than barriers to growth helped the project team move forward effectively and efficiently.

**Arise** now plans to advance other government-community partnerships with the Chicago Department of Public Health, Chicago Office of Labor Standards, Cook County Commission on Human Rights, and Illinois Attorney General's Labor Rights Bureau.

**CCDPH** is learning from Arise and other worker centers how to better include worker voices and elevate initiatives addressing precarious work in the community health improvement planning process.



Arise is considering a multi-agency convening in Fall 2019 to discuss co-enforcement and targeted enforcement strategies.



Both organizations report increasing their outreach as a result of this partnership.



Finally, both organizations observed that participating in the Healthy Work Collaborative allowed them to articulate a need and act on it much more efficiently and effectively than would have been possible had they been operating without the support of the Collaborative.



## Looking Ahead

This project cultivated a robust partnership between a local governmental public health agency and a labor advocacy organization. Both organizations value this new relationship as a vehicle for future information sharing as well as an avenue for support work such as testimonies, possibilities for referenda, pathways for future research, and new learning experiences.

This partnership will continue to grow and evolve as CCDPH and Arise continue to push their health equity agendas forward.

## Partners

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2. American Public Health Association. Support for Paid Sick Leave and Family Leave Policies. Policy Number 20136. Published Nov 5, 2013. Accessed August 20, 2019.
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# Comprehensive Support for Workers' Health

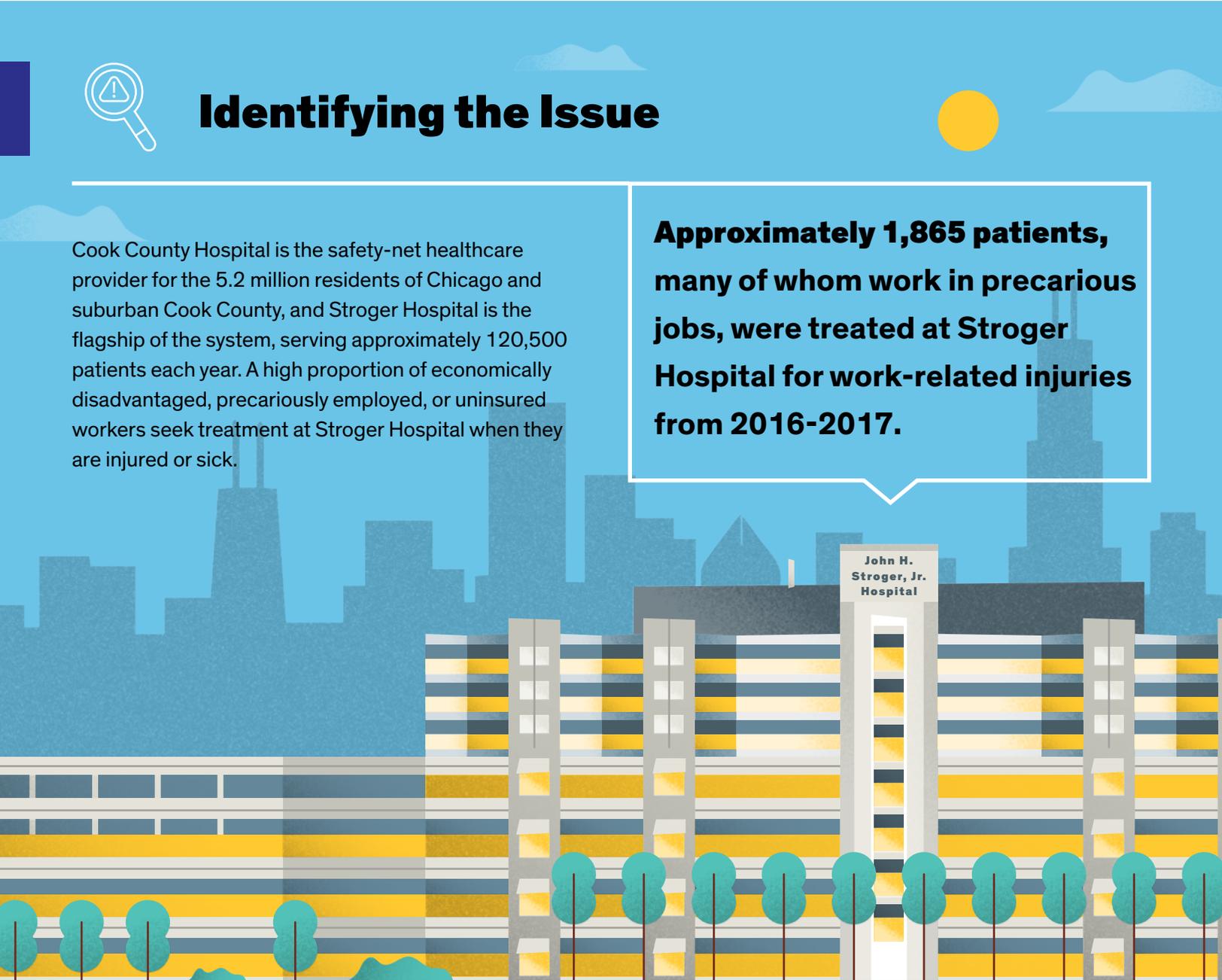
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## Identifying the Issue

Cook County Hospital is the safety-net healthcare provider for the 5.2 million residents of Chicago and suburban Cook County, and Stroger Hospital is the flagship of the system, serving approximately 120,500 patients each year. A high proportion of economically disadvantaged, precariously employed, or uninsured workers seek treatment at Stroger Hospital when they are injured or sick.

**Approximately 1,865 patients, many of whom work in precarious jobs, were treated at Stroger Hospital for work-related injuries from 2016-2017.**



John H.  
Stroger, Jr.  
Hospital

## Cook County Health

provides high-quality care to more than 500,000 individuals in Cook County, Illinois, through the health system and the health plan.

## Legal Aid Chicago

provides free legal assistance in civil cases to people living in Chicago and suburban Cook County.

## Chicago Workers' Collaborative

promotes the creation of stable, living wage jobs with racial and gender equity for temporary staffing workers in the Chicago region through leadership development, public policy advocacy, direct action and community accountability.



# Shifting the Responsibility for Work-Related Injuries

Precariously employed patients with work-related injuries or illnesses often fear that they may be fired or suffer other retribution for reporting an injury or other work-related health condition.<sup>1</sup>



Some employers direct injured employees to misrepresent injuries as accidents or illnesses that did not occur at work<sup>2</sup>.



Many patients do not tell clinicians or other intake staff when their injuries or illnesses occurred at work.



Workers who do not report their work-related injury as such are unlikely to receive the worker compensation benefits that they may be entitled to, which would cover their medical care.



Unreported workplace injuries effectively shift the cost burden for the injury or illness away from the employer and onto the individual worker or the healthcare facility.

In many cases, the hospital is unable to recoup the medical costs of the injury or illness from the individual worker. Many precariously employed workers are unable to return to work post-injury, particularly if the injury is serious, and are thus unable to pay their medical bills. In most cases, hospital staff have little or no training on work-related injuries and illnesses, nor about benefits such as worker compensation, paid sick leave, Family Medical Leave Act (FMLA) unpaid leave, or wage and hour issues. Because of this training gap, sick or injured workers are not connected to resources that they need.



# Project Goals

To address the aforementioned issues, Cook County Health (CCH) joined with Legal Aid Chicago and the Chicago Workers' Collaborative and created the Healthy Work Project.

**Goal:** Develop in-person trainings to help CCH personnel identify patients with work-related injuries and refer them to Legal Aid Chicago and Chicago Workers' Collaborative for additional support



Through the healthcare system, the partner organizations planned to identify and connect with workers who became injured or ill at work, helping them to exercise their legal rights and combat workplace abuses. By training healthcare workers to identify direct or collateral

issues that may arise when they treat workers—including wage and hour violations, discrimination, human trafficking, and other issues—the Healthy Work Project works towards eliminating injustices that occur at work.



# Project Strategy

Prior to launching each of these activities, the Healthy Work Project team met with leadership at Stroger Hospital to explain the goals of the project.

▶ With leadership support, the team was able to move forward with four main activities:

1

**Development of a referral system** to connect patients who were injured or fell ill at work with Legal Aid Chicago and/or the Chicago Workers' Collaborative

3

**Development of informational materials about the Healthy Work Project** for distribution to patients and hospital personnel in the Cook County Health (CCH) system

2

**Development and piloting of an in-person training curriculum** on precarious work, the risk to the patient population, and resources to address it for hospital personnel in various departments

4

**Expanding the hospital's informatics system to automatically generate informational materials** for patients who have work-related injuries or illnesses and to automatically refer those patients to the occupational medicine clinic for follow-up



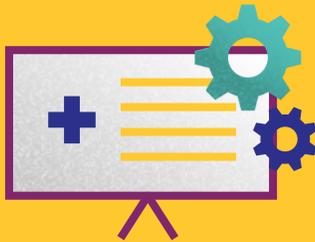
## Spotlight on Results

With the assistance of two physicians from the Emergency Department and Occupational Medicine Department at Stroger Hospital, the team developed two informational flyers about worker rights and services that Legal Aid Chicago and Chicago Workers' Collaborative can provide to patients. These flyers, which include contact information for Legal Aid Chicago and Chicago Workers' Collaborative, will be made available to patients in waiting rooms in the Emergency Department and in other clinics throughout the hospital system, pending hospital approval.

### Future Goals:



- Informational fliers that automatically generate for patients with work-related injuries and illnesses at discharge through the hospital's informatic's system



- Expansion of training throughout the health system

Since the fall of 2018, the Healthy Work Project team developed a brief training curriculum for hospital personnel to help with the identification of patients who have work-related injuries or illnesses and patients who may have other concerns related to their work situation. The Healthy Work Project team has amended the training to accommodate different departments' needs and time constraints related to personnel availability.



### To date, the team has conducted in-person trainings with:

- Inpatient care coordinators
- Ambulatory social service personnel
- Emergency Department physicians
- Physician assistants
- Residents



## Lessons Learned

Although the Healthy Work Project has been largely successful in these early stages, there have been a number of hurdles in implementing new programs within such a large hospital system, as each new program component must travel through a multi-step approval process prior to implementation.



## Looking Ahead

Despite these challenges, the Healthy Work Project has already received several referrals from clinicians and staff in the hospital system. **The team is planning further dissemination of informational materials and additional trainings for hospital personnel in the near future.**

## Partners



**Center for  
Healthy Work**

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# Forming Strong Partnerships for Health Equity

Chicago Department of Public Health • Restaurant Opportunities Center  
• Collaborative for Health Equity Cook County



## Understanding the Situation

The City of Chicago has passed several progressive labor ordinances in the last decade to combat an epidemic of labor violations that affect health, most amplified in low-wage sectors, including raising the minimum wage and mandating paid sick leave for all Chicago workers. Increased wages and paid sick leave have been shown to improve public health outcomes for workers and communities, among other observed and documented economic benefits. Local government has not committed the funding, capacity, and additional resources needed to enact and enforce these ordinances. To address this need, the City established an Office of Labor Standards (OLS) in 2019. While this is a positive move forward, it will take time and continued political will to fully staff and implement the strategies necessary to address the epidemic.

**To fully address the epidemic of labor violations that affect health**, there is a need for collaboration between workers, worker-led organizations, local government, and others to further the effectiveness of minimum wage and paid sick leave ordinances.



## Chicago Department of Public Health

is a public health department serving the City of Chicago's nearly 3 million residents.

## Restaurant Opportunities Center

is a worker center dedicated to improving wages and working conditions for the nation's restaurant workforce.

## Collaborative for Health Equity Cook County

is a multi-sector network of people and organizations that works to eliminate structural racism so that all people of Cook County have the opportunity to live healthy lives.



## Partnering to Amplify Workers' Needs

To respond to issues of worker health inequity in the restaurant industry, the Restaurant Opportunities Center (ROC) joined with the Chicago Department of Public Health (CDPH) and the Collaborative for Health Equity Cook County (CHE).



The team identified initiatives and policies to advance health equity for workers in the service industry.



Partners established a collaboration memorandum of understanding between the newly created OLS and CDPH.

Both the health and labor partners recognized a growing need to collaborate across sectors for effective enforcement of the new labor ordinances in a way that prioritized the needs and voices of the workers themselves, not just of employers and government agencies.

This partnership represents a new era of collaboration and recognition of the integral link between labor issues and health. Originally, the project team planned to prioritize the creation of a resource guide of workers' rights for employers in the restaurant industry. But after the first few working group meetings, it became clear that it was necessary to focus first on building trust and relationships across the organizations.



# Project Goals

The project team decided to capitalize on recent political changes in Chicago, including a new mayoral administration committed to racial equity and the creation of the OLS.

**Goal:** Promote health equity by creating a formalized and institutionalized collaboration between governmental public health, governmental labor, labor/worker advocacy organizations, and health equity coalitions



First, the team planned to bring together public health, labor, and worker advocacy groups to build trust and relationships across the sectors and to identify shared goals, as this combination of partners had not previously

sat at the same table. Once formed, this group would meet several times during the grant period to formulate a cohesive and comprehensive approach to addressing health/labor rights in the service industry.



# Project Strategy

To bring together an intersectoral working group of relevant stakeholders, the project team followed the following strategies:

▶ With leadership support, the team was able to move forward with two main activities:

1

Include representatives of those directly affected by health and labor law in food businesses

Initially, the working group lacked adequate representation from the workers themselves, so the project team made an intentional effort to center the voices of workers at the table.

2

Include advocates, technical experts, government employees, and government officials

The resulting group included representatives from the Restaurants Opportunities Center, Chicago Department of Public Health, Food Chain Workers Alliance, Chicago Food Policy Action Council, Raise the Floor Alliance, United Food and Commercial Workers Local 881, the Chicago Department of Business Affairs and Consumer Protection, and others.



## Spotlight on Results

Two main priorities arose as a result of this process: education and enforcement. The lack of educational resources on what the current labor laws allow for as well as how to effectively and sustainably implement the new ordinances, meant that both employers and employees lacked basic knowledge on their rights and responsibilities. The working group drafted a plan to create an educational resource tool for workers and employers. Furthermore, the project team recognized that the current enforcement mechanism—a complaint-driven system managed by the overburdened Department of Consumer Affairs and Business Protection—was inefficient and inaccessible for Chicago's most vulnerable workers.



**The project team began to explore the co-production of enforcement model**, in which CDPH, OLS, and other relevant stakeholders would collaborate to identify systematic violators of labor law and health code law and effectively shift violators into compliance.

The project team created a letter outlining immediate tangible next steps and achieved buy-in from decision makers within government agencies. The final step is to present this letter to Commissioners that oversee both agencies for consideration and enactment.



**As the CDPH representative observed,** “The Chicago Department of Public Health is in it for the long term—the ideas we have may not all be popular now, but we have learned to persist and keep finding ways to bring up the issue.”



## Lessons Learned

It was difficult to establish concrete goals in a constantly changing political landscape. However, taking time to build relationships and trust across organizations helped maintain long-term momentum. While it was difficult to find money and time for the governmental and labor partners to work, having a committed strategy within the citywide plan to address work as a social determinant of health helped to regularly raise the issue and find necessary resources. Including labor voices in the [Healthy Chicago 2.0](#) planning process was essential for making that possible.



## Looking Ahead

As a result of this project, the participating organizations reported stronger, more institutionalized relationships across sectors. CDPH especially has evolved in its approach to addressing work as a social determinant of health by focusing specifically on precarious work and by engaging with new partners. The participating organizations also plan to continue collaborating on efforts that recognize work as a social determinant of health.

## Partners



**Center for  
Healthy Work**

# Raising Awareness About Precarious Work and Health

American Heart Association



## Understanding the Need

Workers in non-standard or precarious work arrangements face many conditions that lead to poor cardiac health outcomes, including unstable schedules, low wages, and lack of health insurance. The American Heart Association's (AHA) Workplace Health Achievement Index is a national assessment and recognition program utilized by thousands of businesses across the country, but currently does not ask any specific questions related to the precarious workforce when assessing a workplace's culture of health.

**In response to this need, members of AHA's Chicago office were inspired to increase AHA's resources for worksites to address health in the context of precarious work.**





## Addressing Barriers to Health

AHA's Chicago office recognized that many workers in precarious jobs lack the support and resources they need to lead healthy lives, and that AHA's existing employer resources did not contain any specific content regarding the unique barriers to health faced by the precarious workforce. AHA joined the Healthy Work Collaborative to move their work on this issue forward, which aligned perfectly with AHA's national prioritization of addressing the social determinants of health, and AHA Chicago's local focus on improving the quality of life for Chicago residents.

**AHA** is a large, national organization with over 33 million volunteers and supporters and 3,400 employees.

**The project team** included AHA Chicago's Vice President of Health Strategies, one of AHA's national Business Development Managers, and a researcher from the UIC Center for Healthy Work.



## Focusing on Local Change

Initially, the project team had lofty ambitions for their project, and planned on raising awareness among hundreds of AHA employees and affecting change to AHA's national agenda within the brief grant timeline.

Team members learned that incorporating new content into AHA's Workplace Health Achievement Index and resource materials is typically a two-to-three year process involving a systematic literature review, evidence-based recommendations, volunteer review, and third party validation. When it became clear that the original project goals would not be feasible due to these institutional barriers, the project team decided to modify their goals to be shorter term and more locally focused. This re-focusing was essential to shaping potential future strategies for effecting change within AHA.



AHA's project aimed to engage their employees and partners in conversations about precarious work, incorporating information on precarious work/non-standard workers into AHA's Workplace Health Solutions resources.



# Project Goals

1

Building the evidence-base demonstrating how precarious work affects heart health

2

Developing a comprehensive report and two handouts with recommendations for employers

3

Educating AHA partners about the heart health impact of precarious work



# Project Strategy

The team conducted educational activities to raise awareness of non-standard or precarious work among employees and partners, both at AHA Chicago's Workplace Wellness Symposium and the Workplace Wellness committee, a quarterly meeting for local corporate representatives to troubleshoot issues and learn about new opportunities.

- ▶ The collaboration between UIC and AHA led to the following accomplishments:

### **Education about precarious work**

Through the UIC Center for Healthy Work's presentation at AHA Chicago's Workplace Wellness Symposium and Workplace Wellness Committee, a wider audience of employers and managers learned how precarious work intersects with heart health.

### **Knowledge networking about precarious work**

AHA's wellness committee participants and Chicago area businesses shared how precarious work impacts their employees and organizations, demonstrating interest and enthusiasm for addressing precarious work.

### **Development of training activity**

The UIC researcher and AHA staff member developed "All in a Day's Work," a board game designed to teach participants about the various barriers and facilitators to health that different classifications of workers face on a daily basis.

### **Partnership with strategic community team**

The project team worked directly with the Community Impact Team, a small group of AHA employees with the ability to engage their community partners on this issue.

- ▶ Finally, AHA's team members worked on building momentum to address precarious work at other local offices.

### **The VP of Health Strategies networked with other regions to assess interest**

AHA's Milwaukee branch extended an invitation to the UIC Center for Healthy Work to present the keynote session on precarious work at their 2020 Workplace Wellness Symposium.

### **The project team plans to continue the local initiative**

The team's methods, findings, and progress can serve as a guide for future initiatives in other regions.



# Lessons Learned

Throughout this project, the team was able to move forward by modifying project goals according to changing needs, adapting to various limitations as they discovered them.

**AHA's complex organizational structure** and high research and data standards made meeting the original project goals within the grant timeline impossible, so it was necessary to modify the goals to be more feasible

**The AHA employee who originally participated** in the Healthy Work Collaborative left AHA soon after Phase I, so the project lacked an internal champion to devote the ideal amount of time and energy needed

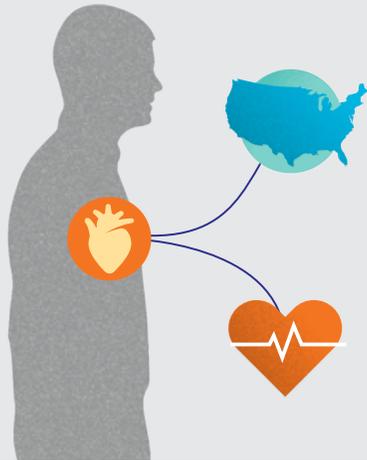


The team recommends gaining traction at the local level before reaching out nationally to help move the process along more quickly.



Future efforts should require an internal champion with dedicated time for this initiative.

By experiencing some delays and setbacks, the project team identified the importance of gaining traction at the local level, as well as designating a long-term champion to guide future efforts.



## Looking Ahead

Rather than becoming frustrated with this initiative's slow pace, the project team recognized that affecting this level of change to such a large organization takes time. "Systems change takes 3-5 years, and we are right on track for that timeline," observed the VP of Health Strategies.

AHA's staff members plan to continue driving this initiative forward locally and reaching out to other branches and partners, ultimately leading to adoption at the national level of the organization.

## Partners



American Heart Association



Center for Healthy Work

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# Setting New Standards for Internship Equity

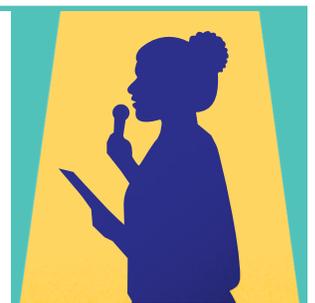
Health & Medicine Policy Research Group



## Identifying Inequities

Thousands of low-income graduate students face a difficult choice: pursue an unpaid internship with long-term career benefits or take a paid role that doesn't offer the same opportunities. In 2015, a graduate student interned at Health & Medicine Policy Research Group (Health & Medicine), a non-profit organization that aims to promote health equity in Illinois. The intern persevered through the internship at great personal cost, due to financial stress from class inequity, discrimination as a woman of color in a predominantly white field, patriarchy, sexism, genderism, and misogyny. Later, this former intern shared her experience, prompting Health & Medicine to revamp its internship program.

This former intern's willingness to be personally vulnerable by sharing her experience helped to catalyze Health & Medicine's efforts to pay interns for their labor, diversify recruitment, and advance more equitable career opportunities.





## Reflecting Diversity

Internships—often unpaid ones, help launch budding professionals into higher-paid careers by providing critical experience and access to networks of individuals and organizations. Only a small percentage of people, however, have the resources and privilege to take on the burden of unpaid labor without it being an added financial strain. Unpaid internships and inadequate recruitment practices contribute to the systemic underrepresentation of low-income people of color in many fields. Public health policy is no exception. In response, Health & Medicine committed to restructuring their internship program in ways that:



## Forming a Project Team

Health & Medicine's initiative involved several staff members from different departments within the organization. They formed an internal committee to formalize the process, creating a charter to clearly articulate their purpose and goals. The committee thoroughly discussed issues and formally voted on and accepted recommendations. The formalization of this agreement allowed the development of recommendations and materials to flow from this process, and helped facilitate the institutionalization of the proposed changes. Health & Medicine's Director of the Center for Public Health Equity's previous experience working on the organization's internship efforts was used to draft most of the materials, while the Director of the Chicago Area Health Education Center provided support and guidance in developing and refining those materials.

**Help break the cycle** of precarious work that traps many young professionals who lack the experience of an unpaid internship

**Advance health equity** by making public health and policy ecosystems better reflect broader diversity of peoples, perspectives, experiences, and thought

As this model of change is adopted in the health and nonprofit sectors, policies will become more responsive to challenge systems of oppression.



# Project Goals

1

Making Health & Medicine's internship program more equitable and accessible

2

Diversifying Health & Medicine's internship applicant tool

3

Modeling change and joining with other aligned organizations to set new standards and norms around internship recruitment and compensation



# Project Strategy and Outcomes

Health & Medicine defined specific recommendations, developed materials, modified internship structures, and focused on building a model for health nonprofits and other organizations.

- ▶ The internal collaboration within Health & Medicine led to the following accomplishments:

### Defining essential equity recommendations

The ad hoc committee created essential recommendations for the promotion of internship equity: remuneration for interns' work, recruitment from a more representative group of the population of the geographical area, and advancement of more equitable opportunities for people to launch successful careers, especially in public health and health policy.

### Making internships more equitable

Health & Medicine diversified their internship applicant tool, began proactively recruiting, modified their existing program to include stipends, and created a plan to move toward wages for internships.

### Developing written online and print materials

The project team developed materials related to preceptorship, recruitment, interviewing, selection, orientation, programming, off-boarding, and evaluation, in accordance with the ad hoc committee's list of essential equity recommendations.

### Providing a road map

This project acts as a guide for other health nonprofits or other organizations seeking to implement an equity-focused internship program. This effort may ultimately help standardize equitable internships across the health/non-profit sector.

- ▶ Early implementation efforts of the project team's strategies has resulted in:

A budget adjustment provided funding for a current intern to receive \$15/hour for their work.



# Lessons Learned

Developing materials and policies aligned with all committee recommendations proved difficult in terms of the effort required and staff capacity. The project team found they needed to allow flexibility between their best-case scenario versus what was feasible for their organization.

**The project team faced challenges** in ensuring long-term organizational commitment to this project during the transition from passively accepting interns to active recruitment.

**Nonprofits must make a normative shift** to a fair wage for labor in place of what has been considered a fair exchange of training for volunteer labor.

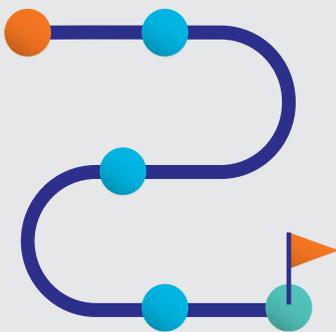


While strong recommendations emerged, the burden on staff time to engage in effective equitable recruitment practices represented a barrier to implementation.



Recommendations for recruitment, selection, and stipends must be feasible in the near term.

Since material development had to take place several months before internships began, the internship schedule shifted by several months. The project team also observed that in the future, recommendations should be separated into those that are fundamental to the program and those that are ideal, yet difficult to implement.



## Looking Ahead

Health & Medicine plans to continue implementing proposed recommendations in the coming months, including the project team’s plan to move towards paid wages for more internships.

The team’s ultimate goal is to provide a potential road map to other organizations in the health/non-profit sector who wish to pursue internship equity and accessibility.

## Partners



**Center for Healthy Work**

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# Stable Employment for Community Health Workers

Illinois Public Health Association • Benedictine University



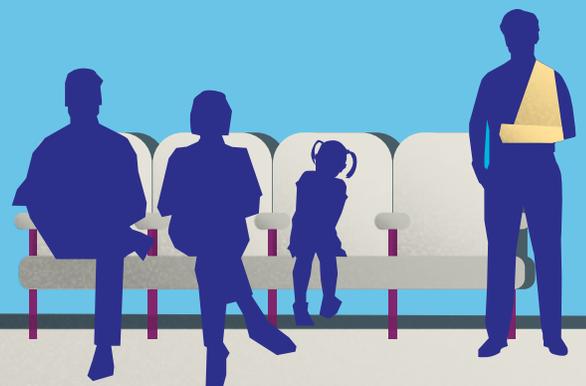
## Understanding the Issue

The State of Illinois, like the U.S. as a whole, spends far more on healthcare per capita compared to other countries, but has relatively worse health outcomes to show for it.<sup>1,2</sup> Additionally, cash-strapped health departments are often forced to cut various programs and services that benefit their patients.

**Low-income communities of color and immigrant communities** are often hit hardest by cuts, and patients are left with few resources for managing their chronic illnesses or navigating insurance and health systems.



WAITING ROOM



## Illinois Public Health Association

is the oldest and largest public health association in the State of Illinois. As one of the largest affiliates of the American Public Health Association, IPHA is widely recognized as a leader in the field of public health advocacy, health education, and promotion.

## Benedictine University

is a higher education institution located in Lisle, Illinois. The Master of Public Health program at Benedictine University is accredited by the Council on Education for Public Health.



# Bridging Barriers to Health

Community Health Workers (CHWs) can help improve health outcomes and lower health system utilization costs by providing a bridge between communities and the healthcare system. As members of the communities they serve, CHWs can liaise valuable information regarding health barriers and opportunities from the community to the health system.<sup>3</sup>



CHWs offer health education, informal counseling, and social support.



The CHW role is increasingly important due to health inequities plaguing communities and historic distrust between communities of color and governmental health providers.



CHW work is often precarious: positions are typically funded by short-term grants, and CHWs are rarely classified as full-time employees with benefits.



“We reduce overutilization of emergency departments by addressing the underlying causes and social determinants. We connect people with primary care, find food pantries, rental and utility assistance, and alleviate fears dealing with the system.”

–Tamara Langford, CHW, SIU School of Medicine

Illinois recognized the importance and value of CHWs in 2014 when the Illinois Community Health Worker Advisory Board (ICHWAB) was established by law.<sup>4</sup> The ICHWAB comprehensive 2016 report recommended that Illinois develop a supportive infrastructure ensuring the sustainability of this vital workforce while strengthening its impact.<sup>5</sup> However, a 2019 analysis of multiple states which had implemented laws to advance CHWs found Illinois to be one of four states in which legislatures appointed groups to develop recommendations. However, the work “stalled substantially”, likely due to the 2015-2017 Illinois state budget crisis and lack of state champions and funding.<sup>7</sup>



## Project Goals

The Executive Director of the Illinois Public Health Association (IPHA) and a Public Health faculty member from Benedictine University (BU) decided to collaborate and revitalize this effort.

**Goal:** Integrate CHWs as full employees of local health systems, increase CHW patients' access to care, and provide opportunities for stable, full-time, benefitted employment for community members



The BU and IPHA representatives had collaborated prior to the Healthy Work Collaborative (HWC) and were excited to deepen their relationship. The HWC allowed these partners to better understand their respective assets and networks, and thus identify key informants and other state-level champions. The IPHA

representative leveraged numerous high-level political connections and access to local health departments to assess the current landscape. The BU representative contributed academic expertise and access to student interns to help carry out their assessment.



## Project Strategy

Through the Healthy Work Collaborative, the partners developed a strategy to move the project forward.

► The partners combined their assets and networks to implement the following activities:

1

**The project team conducted a survey** of local health departments in Illinois to assess their current utilization (or lack thereof) of CHWs.

3

**The partners conducted key informant interviews** with former members of the Illinois CHW Advisory Board, staff members at health systems who utilize CHWs, and CHWs themselves.

2

**MPH students at BU helped to conduct a literature review** to update the evidence-base about the importance of CHWs in Illinois.

4

**The partners assessed the root causes** of the precarious nature of CHW work by reviewing the information gathered from the survey, literature review, and interviews.



## Spotlight on Results

The survey of local health departments revealed that most respondents were not familiar with the term “Community Health Worker” as defined by the American Public Health Association.<sup>8</sup> The review of literature indicated that the lack of secure funding persists as the primary basis for the precarious nature of CHW work. The most common funding model for CHW programs relies on short-term categorical grants and contracts from foundations and government agencies.



Lack of public and private insurance reimbursement for CHW services is a barrier to the expanded use of CHWs in healthcare systems.<sup>9</sup>

The project team also learned about the various disparate CHW programs occurring in the state of Illinois, and helped to build relationships across partners to consolidate and unify these efforts. Through interviews conducted with a wide variety of individuals, the project team gained insights on how to promote and fund CHW programs.



### Key informant interviews revealed:

- Considerable interest in promoting the CHW movement
- Lack of coordinated infrastructure to promote the CHW movement
- Lack of substantial follow-through on the 2016 ICHWAB Report recommendations
- CHW training available at community colleges, health institutes, and individual programs

Based on this information, the project team went about securing a large grant to establish a new committee to advise the Health Department on taking steps to integrate CHWs into the statewide health workforce.



## Lessons Learned

More education is needed on the benefits CHWs could bring to local health systems. A more specific definition of “Community Health Worker” needs to be recognized by public health and healthcare professionals. Expanding awareness would help generate ongoing support for this initiative.



## Looking Ahead

In the future, this project team plans to establish standards for CHW training and certification, draft legislation addressing certification and stable funding for CHWs, meet with relevant parties to establish a fair reimbursement process to **transition CHW roles from precarious work to healthy work, and improve the health of the communities they serve.**

## Partners



**Benedictine**  
University



**Center for**  
**Healthy Work**

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# Glossary

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## **Chicago Office of Labor Standards**

In October 2018, the Chicago City Council unanimously approved the Office of Labor Standards (OLS). The Chicago OLS provides enforcement of the City of Chicago Employment Ordinances and will investigate alleged labor violations. Enforcement will primarily focus on the city's minimum wage, paid sick leave, and anti-wage theft laws. The Chicago OLS came into effect on January 1, 2019.

## **Community Health Improvement Plan**

A Community Health Improvement Plan (CHIP) is an outline of community health priority issues, development and implementation strategies to address priority issues, and accountability measures for health improvement.

## **Constituency Engagement**

Constituent engagement is an approach used to receive input from community members, families, and individuals to better understand perceptions of issues, services, and successes of an organization. Constituent engagement is frequently used in the non-profit, public health, and advocacy sectors to help organizations deliver more effective initiatives.

## **Cook County Commission on Human Rights**

The Cook County Commission on Human Rights aims to protect people who live or work in Cook County from discrimination and harassment in employment, housing, public accommodations, and access to Cook County services and programs while ensuring appropriate wages for labor and receipt of appropriate benefits.

## **Co-Production of Enforcement**

To increase compliance with labor ordinances, government inspectors partner with unions, worker centers, and community organizations to patrol labor markets for labor violations so that government can investigate and punish businesses engaged in illegal practices.

## **Culture of Health**

By building a culture of health, communities make health a shared value and work together to develop health-oriented solutions to improve health equity and better integrate health systems.

## **Earned Sick Leave**

An ordinance that requires employers to provide at least some paid time off to employees for sick leave purposes (also referred to as paid sick leave).

## **Enforcement**

The act or process of making people obey a law or rule in order to make them commonplace or accepted and identify those that do not adhere.

## **Evidence-Based Recommendations**

Evidence-based recommendations rely on scientific evidence to develop recommendations.

## **Family Medical Leave Act (FMLA)**

FMLA entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons with the continuation of group health insurance coverage.

## **Federal Poverty Line**

Issued annually by the Department of Health and Human Services (HHS), the federal poverty line is an income measure used to determine eligibility for certain programs and benefits, like Medicaid.

## **Full Employees**

Full employees are those hired directly through a single employer, with predictable schedule and wages, receiving benefits.

## **Grassroots**

Grassroots refers to the most basic level of community activism.

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### **Health Equity**

To have health equity means that everyone has the opportunity to attain their highest level of health. This requires the acknowledgement of social and structural obstacles to health, such as poverty and discrimination, and identifying strategies to remove such obstacles.

### **Health Inequity**

Health inequities represent differences in health outcomes or access to healthcare and resources between different population groups, resulting from social and structural obstacles to health, such as poverty and discrimination.

### **Healthy Chicago 2.0**

In 2016, city leadership and the Chicago Department of Public Health launched Healthy Chicago 2.0, which focuses on ensuring a city with strong communities with equitable access to resources, opportunities and environments that maximize their health and well-being.

### **Home Rule**

Home rule involves the authority of a local government to prevent state and county government intervention with its operations. The power of local governments with home rule is subject to state constitutions and statutes.

### **Illinois Attorney General's Labor Rights Bureau**

The Labor Rights Bureau protects the employment rights of all Illinois residents by investigating and litigating cases involving serious labor violations and monitors and proposes legislation concerning labor and employment issues.

### **Institutionalization**

Institutionalization refers to the act of establishing a convention or norm in an organization.

### **Labor Ordinances**

Ordinances or laws that primarily concern the rights and responsibilities of workers.

### **Labor Violations**

Lack of adherence to labor ordinances committed by employers, for example; paying sub-minimum wages or not covering employee's injuries on the job. Frequently, employees must report labor violations committed by employers, creating an environment of fear of retaliation.

### **Memorandum of Understanding**

A Memorandum of Understanding (MOU) represents a formal agreement between multiple parties to establish partnership. While MOUs are not legally binding, they represent a degree of commitment and respect to adhere to.

### **Minimum Wage**

Minimum wage is the lowest wage for workers permitted by law.

### **Non-Standard**

Non-standard employment refers to employment arrangements that deviate from standard jobs. Non-standard work includes temporary, part-time, on-call, and precarious work.

### **Paid Sick Leave**

An ordinance that requires employers to provide at least some paid time off to employees for sick leave purposes (also referred to as earned sick leave).

### **Policy, Systems, and Environmental (PSE) Change**

Policy, systems and environmental change initiatives go beyond programmatic approaches by considering the systems that create the structures in which we work, live and play.

### **Precarious**

Precarious refers to something that is insecure, dangerous, or dependent on chance.

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### **Precarious Work**

The Center for Healthy Work defines precarious work as work that is insecure or unstable, has a greater risk for occupational injury or fatality, lacking opportunities to build power and take collective action in the workplace, and increased likelihood of bullying, harassment, and discrimination. Many workers with precarious jobs do not have a regular employer or worksite and often have substandard wages.

### **Racial Equity**

Racial equity is the principle that race should not determine one's socioeconomic outcomes. To address racial equity, those impacted by racism are involved in the understanding of the lived experience and implementation of policies and practices to achieve equity.

### **Retaliation**

Retaliation in the workplace is the punishment of an employee because he or she filed a complaint about harassment or discrimination. Retaliation may include firing the employee, negative reviews, discipline or demotion.

### **Social Determinants of Health**

Social determinants of health (SDOH) are the conditions in the places where people live, learn, work, and play which impact health outcomes. Examples of SDOH include education and job opportunities, healthcare coverage, and social support systems.

### **Strategy Development**

Strategy development, or strategic planning, refers to the collaborative process of developing an organization's goals and objectives for successful operations.

### **Structural Racism**

Structural racism is the result of public policies and institutional practices, or other cultural norms, that reinforce and perpetuate racial inequity.

### **Systematic Literature Review**

Systematic literature reviews are a secondary data source used to identify and evaluate research findings from various, high-quality individual studies to develop theory or statements about a specific research topic.

### **Systems Change**

Systems change initiatives go beyond programmatic approaches by considering the systems that create the structures in which we work, live and play (See Policy, Systems, and Environmental Change)

### **Wage Theft**

Wage theft encompasses a range of violations that occur when workers do not receive their legally or contractually promised wages. Examples of wage theft include; not being paid for overtime, not giving a worker their last paycheck when they leave a job, not paying for all hours worked, and even not paying a worker at all.

### **Worker Compensation**

Workers' compensation is a type of insurance purchased by businesses to provide benefits to workers who suffer injuries or illness as a result of their work. Workers' compensation assists workers with paying for medical care and wages for lost work time.

### **Workforce Development**

Workforce development is a process to educate individuals on current and future organizational practices and priority areas to ensure an informed and skilled workforce.

# Additional Information

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The following resources align online or in-person resources to each of the topics covered as part of the Healthy Work Collaborative.

## Understanding the Problem

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### What is precarious work?

- **International Labour Organization:**  
[https://www.ilo.org/wcmsp5/groups/public/-dgreports/---dcomm/---publ/documents/publication/wcms\\_534326.pdf](https://www.ilo.org/wcmsp5/groups/public/-dgreports/---dcomm/---publ/documents/publication/wcms_534326.pdf)
- **National Institute for Occupational Safety and Health - A New Look at the Way We Work: Nonstandard Work Arrangements and Their Impacts on Worker Safety and Health:**  
<https://www.cdc.gov/niosh/twh/webinar.html>
- **Canadian Centre for Occupational Health and Safety:**  
<https://www.ccohs.ca/oshanswers/legisl/vulnerable.html>
- **Shanker Institute:**  
<http://www.shankerinstitute.org/precarious-labor-conference>

### Systems Thinking

- **Public Health Learning Navigator:**  
<https://www.phlearningnavigator.org/training/introduction-systems-thinking>
- **Stanford University Press: Bob Williams and Richard Hummelbrunner:**  
<https://www.sup.org/books/title/?id=18331>

### Rich Picture

- **Better Evaluation:**  
<https://www.betterevaluation.org/en/evaluation-options/richpictures>
- **FSG:**  
<https://www.fsg.org/blog/using-rich-pictures-explore-perspectives-your-change-initiative>
- **Wageningen Centre for Development Innovation:**  
<http://www.managingforimpact.org/tool/rich-picture-0>

## Systems, Strategies, and Approaches

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### Power Mapping

- **Trainings 350:**  
<https://trainings.350.org/?resource=power-mapping-activity>
- **Alternatives for Community & Environment:**  
[https://ace-ej.org/power\\_analysis\\_exercise](https://ace-ej.org/power_analysis_exercise)

### Framing

- **FrameWorks Institute:**  
<http://www.frameworksinstitute.org/assets/files/PDF/FramingPublicIssuesfinal.pdf>
- **The National Academies Press:**  
<https://www.nap.edu/read/12830/chapter/4>

## Existing Approaches

- **Harvard Law School Symposium:**  
<https://harvardlpr.com/wp-content/uploads/sites/20/2017/11/Patel-Fisk-CoEnforcement.pdf>
- **American Sustainable Business Council:**  
[https://www.asbcouncil.org/sites/main/files/file-attachments/asbc\\_building\\_the\\_high\\_road\\_report\\_2017.pdf](https://www.asbcouncil.org/sites/main/files/file-attachments/asbc_building_the_high_road_report_2017.pdf)
- **Centers for Disease Control and Prevention:**  
[https://www.cdc.gov/healthyschools/professional\\_development/documents/17\\_279600\\_TrainersModel-FactSheet\\_v3\\_508Final.pdf](https://www.cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf)

## Theory of Change

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### Stake and Outcome Decisions

- **MCH Navigator:**  
<https://www.mchnavigator.org/transformation/resources/system-mapping-video-series.php>

### Theory of Change

- **Theory of Change:**  
<https://www.theoryofchange.org/what-is-theory-of-change/>

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## Advancing Labor Rights in Immigrant Communities: Centro de Trabajadores Unidos, the Cook County Department of Public Health, and Arise Chicago

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