Learning from the Brazilian Family Health Strategy

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Learning from the Brazilian system of CHWWs

Brazilian Family Health Strategy addresses current challenges in UK Primary Care

- Local, universal, proactive outreach, (up to 150 households each), early help and prevention
- Widening and entrenched health inequity, unequal access and experience of health and social care

- Local lay people trained and paid, rapid deployment, easy to scale
- Work force crisis long training times, recruitment crisis, retention challenge

- Comprehensive at the household level based on intersectionality
- Social factors determining 80% of our health, prevention poorly addressed, focus at the sharp end

- Integrated in the Primary care team
 250k CHWWs covering 75% population
- Fragmented and expensive care, variation in care

Global learning is impeded

• 'What can we possibly learn from a developing country like Brazil'

- Does Brazil even have a health system?'
- 'Well, it would work in Brazil, wouldn't it, they're much more friendly and community-oriented'

Johnson C et al Community Health Workers – Learning from the Brazilian Model in North Wales. Globalization and Health 2013, 9:25



DECOLONIZING HEALTHCARE INNOVATION LOW-COST SOLUTIONS FROM LOW-INCOME COUNTRIES

MATTHEW HARRIS



Learning from the Brazilian system of CHWWs

Accolades

- Fuller Stocktake report 2022
- Shortlisted for RCGP QI award, Finalist in MJ awards 2023 health inequalities
- Shortlisted for HSJ award 2024
- Visit from House of Lords committee and debated in House of Lords by Bishop of London

Next steps

- NAPC led national scaling: Cornwall/ Lambeth/ Bridgewater/ Calderdale/ Somerset/ Wales/ Bristol and others
- Westminster expansion: increase to 24 CHWWs by December 2023, NHS funded, based at VCS with honorary contracts for WCC
- Cluster randomized study for robust formal evaluation, including study of impact on community cohesion and resilience, addressing health equity



A hands on, innovative approach to

tackling health inequalities in

Cornwall and the Isles of Scilly

Donna Chapman September 2024



The problem



Index of multiple deprivation (IMD): Level 1 IMD is classified as being the most deprived

Local data

Cornwall and Isles of Scilly population circa 600,000

Number of people living in the level 1 IMD areas total **27,300**

Living within 90 of the most deprived areas

Spread across towns, coastal and rural areas

Heavy users of health and care services in an unplanned way Lower life expectancy

Funding to cover 39 area

Georgraphy	Number of areas
Camborne, Redruth, Pool and Illogan	12
St Austell	7
Penzance	7
Bodmin	6
Newquay	5
Liskeard	2
Grand Total	39

4 core principles - CHUI



COMPREHENSIVE & INTER-GENERATIONAL

All ages

HYPER LOCAL- PLACE BASED

Small areas

PROPORTIONATE UNIVERSALITY

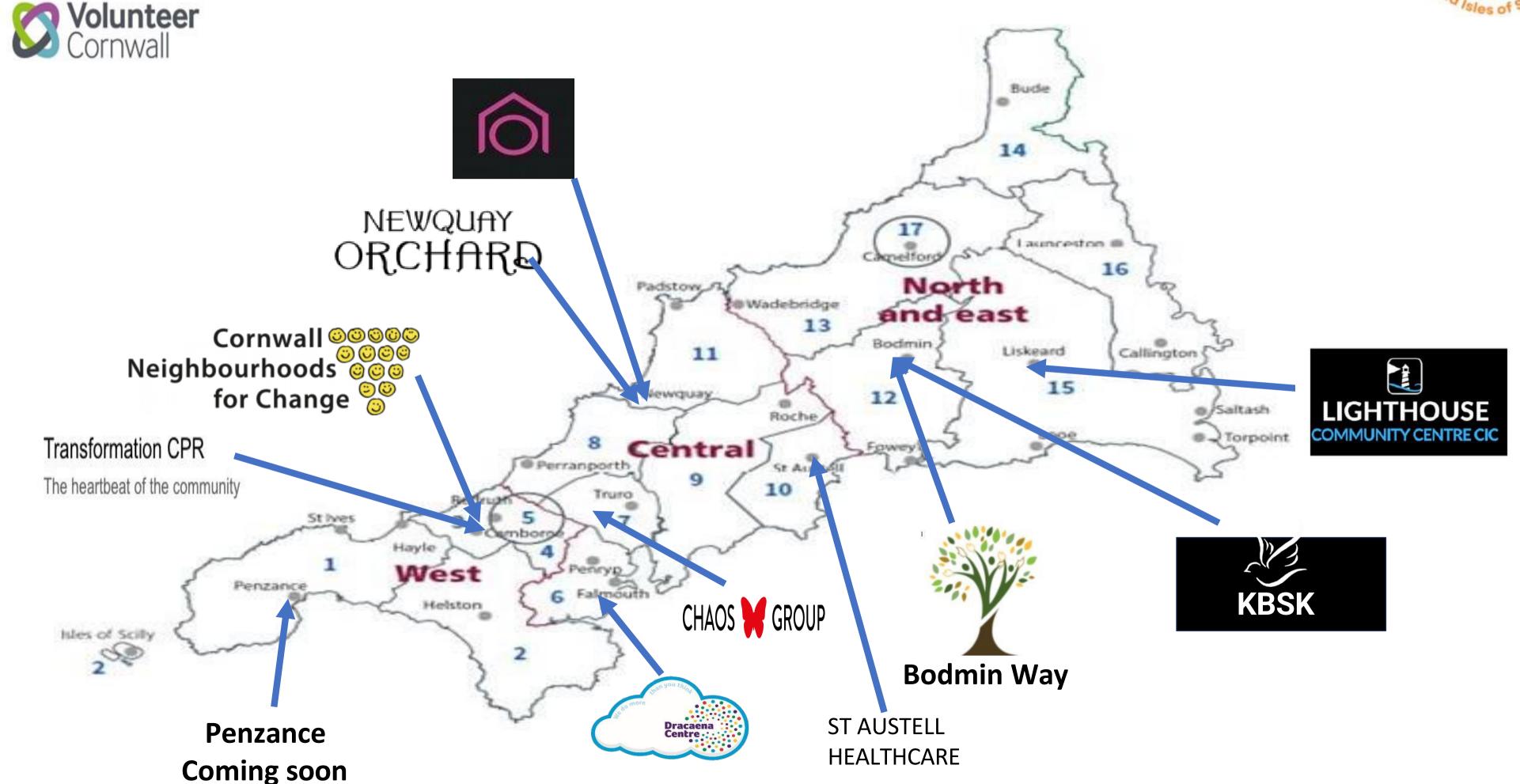
For everyone

INTEGRATED

Joined up

Locations and host organisations





Meet the teams



- Allocated a set number of households (circa 120 for a full time worker)
- Builds a long-term trusted relationship with all householders who engage
- Makes contact every month
- Not referral dependant





Cornwall Community Health Workers

Watch a video here:

Cornwall Community Health and Wellbeing Workers (youtube.com)

Progress and finding over first 18 months













Finance, Housing, Mental health, Loneliness

Top issues of concern



Future developments





Focus on hypertension



National maturity matrix



National networks, links and achievements













DELIGHTED TO BE A FINALIST

Primary and Community Care Innovation of the Year



