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American Public Health Association Policy Announcement
A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Equity & Violence Prevention



(January 25, 2023) During the American Public Health Association (APHA) 150th anniversary conference on November 8, 2022, a new Community Health Worker (CHW) policy addressing equity and violence prevention was passed. [Policy Number 20227: A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Equity & Violence Prevention](#), led by CHWs using a participatory process and supported by 30+ CHWs leaders/allies across the country. More than half of the authors and co-authors identify as CHWs.

Context

[Structural Racism as Public Health Crisis: Impact on the Black Community](#) was declared as an APHA policy on October 24, 2020 (led by the Maternal Child Health Section). Since 2020, over 257 cities, counties, and other governmental leaders have echoed the sentiment, declaring racism a public health crisis, and proposing continued study on the connections between racism and health, along with increased investment and action plans for disproportionately affected communities. On November 13, 2018, [Violence as a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S.](#) was approved as a policy by APHA. Violence in all forms, be it the home such as domestic violence, in the community as gang violence, and nationally in the form of mass shootings, is associated with death and severe physical and mental health outcomes. The APHA CHW Section Policy Committee identified a policy gap and opportunity: CHWs can help professionals comprehensively address racism and violence as public health priorities for [Historically Oppressed and Other Peoples Experiencing Inequities \(HOPIE\)](#).

According to the APHA CHW Section **CHWs are defined as** a *frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served*). This trusting

relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Other titles for CHWs include but are not limited to: Outreach Workers, Street Outreach Workers, Community Health Representatives (CHRs), Doulas, Credible Messengers, Promotores/as and community leaders.

Policy Considerations

1. Racial inequities are a key root driver of poor health outcomes in HOPEI communities;
2. One of the outcomes of these inequities is disproportionate exposure to multiple forms of violence; this becomes an exacerbator for existing social insecurities;
3. History and research have shown since the 1960's that health professionals who have taken on CHW roles and responsibilities have been engaged in building health / racial equity by addressing underlying causes and were collectively birthed out of inequities within their communities;
4. CHWs can work effectively with other professionals to address systemic racism and multiple forms of violence.

Policy Summary of Actions

1. APHA calls on Congress to pass and the President to sign legislation that allocate funding for state and federal agencies to support the advancement of CHWs in health equity and violence prevention. APHA calls on Congress to pass and the President to sign legislation that allocates funding to federal agencies including the Health Resources and Services Administration (HRSA), Office of Rural Health (ORH), Office of Minority Health (OMH), Area Health Education Center (AHEC), and Centers for Disease Control and Prevention (CDC), to do the following:
 - Make funding available to community-based organizations (especially those led by HOPEI communities) and selected public agencies (such as some local health departments) with experience training CHWs using effective strategies such as popular education, to *provide training that builds CHWs' skills to address systemic racism and violence as public health priorities*. Example of a training includes the [2022 pre-APHA CHW Summit: Working with CHWs to Address Racism and Structural Violence](#) (led by CommUnity Healing through Activism + Strategic Mobilization, supported by North Carolina Area Health Education Center, and hosted by the APHA CHW Section).
 - Make funding available to community-based organizations (especially those led by HOPEI communities) and selected public agencies (such as some local health departments) with experience recruiting, hiring, and retaining CHWs, to *create programs that support CHWs to play a wide range of roles, including roles focused on addressing violence and promoting health equity across all levels of the social-ecological-model (SEM)*.
 - Make funding available to researchers and evaluators with experience working as or with CHWs and using community-based and community-engaged strategies (especially those led by HOPEI communities), to *develop and conduct studies that use consistent measures to*

assess the impact of CHWs (in concert with other strategies) on reductions in interpersonal violence and health inequities.

- Provide funding that allows sufficient time for program and evaluation planning and that is sustainable over the long-term. Historically, CHW programs have depended almost exclusively on short-term grants, and average federal grant duration has actually decreased during the COVID-19 pandemic.
 - Collect consistent data about both the process and outcomes of CHW programs, such as those developed by the CHW Common Indicators Project with funding from the CDC. Programs should also collect comprehensive and disaggregated sociodemographic data about both CHWs and the communities they serve, using standards such as those developed by the 2015 National Content Test Report produced by the US Census Bureau. Such data increases knowledge about the exact nature and extent of health inequities and the effectiveness of CHW efforts (in concert with other efforts) to address inequities.
2. APHA calls on state legislatures to pass legislation providing funding to state health departments to take actions consistent with the above priorities.
 3. APHA calls on national and local CHW associations and CHW employers to endorse CHWs' training in interpersonal violence and systemic racism stated in this policy proposal. External endorsements to date include CommUnity Healing through Activism + Strategic Mobilization, NC Area Health Education Center, NC CHW Association, Partners In Heath, Common Indicators Project, and The University of Wisconsin Population Health Institute.
 4. APHA calls on foundations and other funders to take actions consistent with the above priorities and provide funding for organizations (especially those led by HOPEI communities) with experience training, hiring, and retaining, and conducting research and evaluation with and about CHWs. This funding should strengthen the ability of the CHW workforce to address structural racism and violence as root causes of health inequity.
 5. APHA calls on colleges and universities that train other public health professionals (e.g., physicians, nurses, public health educators, social workers, psychologists, etc.) to include in their curricula information about the historic role and potential of CHWs to contribute to eliminating health inequities by addressing structural racism and violence. These schools should build the capacity of their graduates to understand and address racism and violence as public health priorities, working in partnership with CHWs.

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³ **Governing Councilors**: Mae-Gilene Begay, CHR and Maria Herrera, Promotora -- APHA CHW Governing Councilors (2022) represented the policy during the Governing Councilor session on Nov 8th during the approval of the policy statement.

⁴ Rumana S. Rabbani is a scholar in of Health Policy Research Scholars, a national leadership program supported by the Robert Wood Johnson Foundation. It supports scholars from diverse disciplines and backgrounds in applying and advocating for policy change that improves health and equity. The views expressed here do not necessarily reflect the views of the Foundation. www.healthpolicyresearch-scholars.org. Rumana's dissertation work addresses institutional racism and classism, the basis for the *pre-APHA CHW Summit 2022: Working with CHWs to Address Racism and Structural*

Community Health Initiatives of Rhode Island; Cynthia Williams, PhD; University of North Florida, Keila Marlin, MPH, CHW, Community Health Initiative; Noelle Wiggins (Advisor), EdD, MSPH, Common Indicators Project

Please refer to footnote for contributors, special acknowledgements, and Governing Councilors.

APHA Endorsements: Maternal Child Health Section, Public Health Social Work Section, Oral Health Section, Family Violence Prevention Caucus, Women’s Caucus, Men’s Caucus, Law Section

External Endorsements (prior to policy being approved):

CommUnity Healing through Activism + Strategic Mobilization, North Carolina Area Health Education Center, North Carolina Community Health Worker Association, Common Indicators Project, The University of Wisconsin Population Health Institute, Partners In Health

“You cannot understand the trust, commitment, expertise or authenticity of Community Health Workers without considering the populations and communities from which they originate – those which have experienced historic and structural marginalization, othering, stigma, oppression and barriers to the social drivers of health and well-being. APHA Policy 20227, co-created by CHWs and allies, provides practical recommendations and equity-focused perspectives that recover the identity and legacy of diverse CHWs (CHRs, promotoras, aunties, outreach workers, and others) as compassionate leaders who transform services, systems and structures to repair harm, redistribute power and realize equity.” – Denise Octavia Smith, CHW, PN, MBA, NACHW Inaugural Executive Director

Violence where she is the Principal Investigator partnered with Abdul Hafeedh bin Abdullah. Other co-designers include CHW leaders /allies: Dr. Noelle Wiggins, Angie Kuzma, Teresa Campos-Dominguez, Sergio Matos, Dr. Dannie Ritchie and Eric Bruno.