



[APHA](#) > [Policy Statements and Advocacy](#) > [Policy Statements](#) > [Policy Statement Database](#) > Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs

## Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs

**Date:** Jan 01 2001 | **Policy Number:** 200115

**Key Words:** Health Services

The American Public Health Association,

Being aware that the formal participation of Community Health Workers (CHWs) in health and human services systems has been documented in the United States since the 1950s,<sup>1,2</sup> and that current estimates indicate more than 12,000 CHWs serving throughout the U.S. in a diverse array of cultural settings,<sup>3</sup> in programs involving both volunteer and paid CHWs, utilizing many different titles, including Lay Health Advocate, Promotor(a), Outreach Educator, Community Health Representative, Peer Health Promoter, and Community Health Outreach Worker; and

Knowing that the roles of CHWs vary greatly, depending on the needs of the community being served, and that CHWs work in clinics, homes, community centers, and the streets, successfully addressing some of the most difficult health problems of our time, including the prevention of HIV/AIDS;<sup>4</sup> the treatment of tuberculosis;<sup>5</sup> helping pregnant and parenting women access early prenatal care;<sup>6,7</sup> promoting the timely use of immunization services;<sup>8</sup> increasing the utilization of cancer screening services;<sup>9,10</sup> aiding families in managing childhood asthma;<sup>11</sup> and, detecting and preventing lead poisoning;<sup>12</sup> and successfully building community capacity;<sup>13,14</sup> and

Knowing that, due in part to their status as members of the community in which they work, CHWs effectively bridge sociocultural barriers between community members and the health care system;<sup>15-17</sup> and,

Recognizing that CHWs, through the National Community Health Advisor Study, identified seven core roles of their work,<sup>18</sup> which are:

1. Bridging cultural mediation between communities and health and social service systems
2. Providing culturally appropriate health education and information
3. Assuring people get services they need
4. Providing informal counseling and social support
5. Advocating for individual and community needs
6. Providing direct service, such as basic first aid and administering health screening tests
7. Building individual and community capacity; and

Understanding that while diversity and flexibility to serve unique communities' needs are a strength of CHWs, the lack of a standard definition of who CHWs are, also contributes to their lack of recognition; and,

Understanding that, while individual CHWs are doing innovative work, the lack of cohesion among CHW programs, linked to the varied settings and issues in which CHWs work, and the instability of funding for CHW programs, tends to undermine the ability of CHWs to

achieve their full potential; and,

Knowing that while operating independently under various funders' mandates, CHWs have not easily shared such resources as training curricula and evaluation methods, and that CHW evaluations are frequently poorly designed and implemented due to limited funds, inadequate skills, and the lack of time needed to show results, leading to difficulty documenting the contributions CHWs make to improving health and utilization of services; therefore, APHA

1. Urges all health and human service professionals to recognize the skills and unique attributes that both volunteer and paid CHWs bring to their work;
2. Urges CHWs and their advocates to: (a) develop a definition of the roles and functions of CHWs that clarifies the relationships to and distinctions from other professionals in health and human services; and (b) work with the Department of Labor to develop a definition of CHWs;
3. Encourages traditional and non-traditional educational institutions to develop and support effective training curricula for CHWs and their supervisors that links to defined core roles and competencies;
4. Urges federal, state, local, and tribal public health and aging agencies as well as private providers and payers to institute permanent funding streams for CHWs;
5. Urges the U.S. Congress to recognize the work of CHWs in meeting our most troubling health concerns and appropriate funds to support CHWs;
6. Urges public health and human service professionals to include CHWs in efforts to establish a public health credentialing process; and,
7. Encourages national policy makers to support relevant evaluation of CHW programs, with CHWs leading such evaluation efforts;
8. Urges local, state, tribal and national CHW organizations and advocacy groups to join together with CHWs at the helm, to promote visibility of CHWs and create a unified voice for the CHW field.

#### References

1. Giblin PT. Effective Utilization and evaluation of indigenous health care workers. *Public Health Rep.* 1989;104(4):361-368.
2. Meister JS, Warrick LH, de Zapien JG, Wood AH. Using Lay health worker: case study of a community-based prenatal intervention. *J Community Health.* 1992;17(1):37-51.
3. Rosenthal EL, Wiggins N, Brownstein JN, Johnson S, Borbon IA, Rael R. The final report of the National Community Health Advisor Study. The University of Arizona. 1998. Personal communication with the author of this Study indicates that this is a significant underestimate of the number of CHWs working in the U.S.
4. Birkel RC, Golaszewski T, Koman JJ, Singh BK, Catan V, Souply K. Findings from the Horizontes Acquired Immune Deficiency Syndrome Education Project: the impact of indigenous outreach workers as change agents for injection drug users. *Health Education Q.* 1993;20(4):523-538.
5. Moore RD, Chaulk CP, Griffiths R, Calvalcante S, Chaisson RE. Cost-effectiveness of directly observed versus self-administered therapy for tuberculosis. *Am J Respir Crit Care Med.* 1996;154:1013-1019.
6. McFarlane J, Fehir J. De Madres a Madres: a community, primary health care program based on empowerment. *Health Education Q.* 1994;21(3):381-399.
7. Heins, HC, Nance, NW, Ferguson, JE. Social support in improving perinatal outcome: the Resource Mothers Program. *Obstet Gynecol.* 1987;70:263-266.
8. Moore BJ, Morris DW, Burton B, Kilcrease DT. Measuring effectiveness of service aides in infant immunization surveillance program in north central Texas. *Am J Public Health.* 1981;71(6):634-636.
9. Weinrich SP, Weinrich MC, Stromborg MF, Boyd MD, Weiss HL. Using elderly educators

- to increase colorectal cancer screening. *Gerontologist*. 1993;33(4): 491-496.
10. Whitman S, Lacey L, Ansell D, Dell J, Chen E, Phillips CW. An intervention to increase breast and cervical cancer screening in low-income African-American women. *Fam Community Health*. 1994;17(1):56-63.
  11. Butz AM, Malveaux FJ, Eggleston P, Thompson L, Schneider S, Weeks K, Huss K, Murigande C, Rand CS. Use of community health workers with inner-city children who have Asthma. *Clin Pediatr*. 1994; 33(3):135-141.
  12. Sixteenth Street Community Health Center, Lead Screening Outreach Project, Milwaukee, WI; paper prepared for a conference sponsored by the Group Health Association of America, the American Managed Care and Review Association, and the Health Resources Services Administration. 1996.
  13. Eng E, Young R. Lay health advisors as community change agents. *Fam Community Health*. 1992; 15(1):24-40.
  14. Schulz AJ, Israel BA, Becker AB, Hollis RM. "It's a 24-hour thing...a Living-for-Each-Other Concept": identity, networks, and community in an urban village health worker project. *Health Education Behav*. 1997;24(4):465-480.
  15. Witmer A, Seifer SD, Finocchio L, Leslie J, O'Neil EH. Community health workers: integral members of the health care work force. *Am J Public Health*. 1995; 85(8):1055-1058.
  16. Love MB, Gardner K, Legion V. Community health workers: who they are and what they do. *Health Education Behav*. 1997;24(4):510-522.
  17. Krieger J, Collier C, Song L, Martin D. Linking community-based blood pressure measurement to clinical care: a randomized controlled trial of outreach and tracking by community health workers. *Am J Public Health*. 1999;89(6):856-861.
  18. Rosenthal EL, Wiggins N, Brownstein JN, Johnson S, Borbon IA, Rael R. The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998

[Back to Top](#)

2018 © American Public Health Association