



May 24, 2022

RE: HRSA 22-124

Dear Marian Smithey, MS, RN:

The National Association of Community Health Workers (NACHW) writes today to ask for swift action from the Health Resources and Services Administration Bureau of Health Workforce Division of Nursing for withdrawal and/or modification of HRSA 22-124 CHWTP to address significant risks of harm to the CHW profession related to lack of integration of CHW leadership, established norms and practices guiding the CHW field, and well-established CHW workforce development policy. The requirements outlined in the NOFO are, as such, inequitable and misaligned with current state realities.

Founded in April 2019 as a 501(c)(3) nonprofit membership driven organization, the mission of NACHW is to unify Community Health Workers (CHWs) across geography, ethnicity, sector and experience to support communities to achieve health, equity and social justice. NACHW is a national voice for CHWs, Community Health Representatives (CHRs), Promotoras(es), and [other workforce members](#) promoting values of self-determination, integrity and social justice, facilitating policy discussions, advancing CHW professional identity and best practices, and amplifying CHW leadership and capacity building. NACHW's members hail from all 50 states. .

NACHW's [Executive Director](#) is a CHW, and the organization is governed by a national [Board of Directors](#) of predominately CHWs (including promotoras, community health representatives from tribal nations, etc.) and allies. Board members have decades of research and practice expertise in CHW training and workforce development, community organizing and engagement, intervention design, equity and social justice advocacy, and policy leadership.

While NACHW is encouraged that HRSA is interested in supporting CHW workforce development, this request aims to address a central and priority issue: this Notice of Funding Opportunity (NOFO) does not integrate CHW leadership, established norms and practices guiding the CHW field, or well-established CHW workforce development policy. Furthermore, it does not apply critical lessons learned from the last two years of the global COVID-19 pandemic.

Briefly, the substantial challenges with this NOFO include:

- It is contrary to CHW professional self-determination and the valuable advancements in workforce development already made and supported by the [CDC](#), APHA, ASTHO, and numerous others in their national policy statements, reports and CHW [evaluation](#) research
- It has caused confusion for prospective applicants because it does not align with or acknowledge diverse state-level CHW workforce development policy



- It creates an arbitrary professional title of “health support worker,” while demoting the long history and evidence of Community Health Representatives, Peers and Recovery Coaches
- It fails to acknowledge and build on the existing CHW professional development capacity and infrastructure within CHW Networks, Associations and Coalitions across the country whose work over several decades has defined CHW Core Competencies, developed and implemented CHW training programs, and advanced CHW policy in their respective states.

To provide additional context, there are several important points to consider. First, as currently written, this NOFO does not include the widely accepted APHA policies endorsed by [NACHW](#), the CDC, [Harvard](#), [ASTHO](#) and others that prioritize CHW leadership in workforce development and self-determination.

This NOFO has not utilized as its approach the APHA policy “urging governments and other entities considering creating policies regarding CHW training standards and credentialing to engage in collaborative CHW-led efforts with local CHWs and/or CHW professional groups and [if] pursuing policy development on these topics, [a working group composed of at least 50% self-identified CHWs should be established](#)”. NACHW has not confirmed any significant CHW-led involvement to develop this NOFO among our national members, CHW Networks (Associations and Coalitions) or national partners.

This NOFO appears to create a separate occupational category called "health support workers," which does not exist in the U.S. Bureau of Labor Statistics Standard Occupational Classification. Health support workers are not a catch-all for Peers or Recovery coaches, both of which are well established and respected by the [Substance Abuse and Mental Health Services Administration](#).

Creating this category is not justified in terms of data or policy, unnecessarily fragments the CHWs professional identity and that of these other professions and roles and reflects a poor understanding of the nature of these professionals’ core identity and self-determination.

CHW self-determination is clearly evidenced in [CHW Networks](#), local, county and/or state-level organizations and Community-based organizations, many of which are decades old and have had significant impact on CHW policy, research and practice. The applicant eligibility criteria in this NOFO effectively disqualifies these organizations, which often have the greatest expertise in CHW recruitment and curriculum development from even applying. NACHW’s national data indicate that CHWs primarily receive their training, mentorship, and employment through CHW associations and community-based organizations.

Requiring applicants to “be accredited by a nationally recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government” or to be



“approved by the state or local government to provide a CHW, or public health-related health support worker certificate training program” effectively preferences academic institutions and states that offer CHW certification. Because there is no overarching federal regulation of the CHW fields, dozens of states have developed their own voluntary CHW certification policies, while others have not done so. The requirements outlined in the NOFO are, as such, inequitable and misaligned with current state realities.

This NOFO includes a number of organizations eligible for receiving funds, including health professions schools, academic health centers, states, state and local departments, and federally qualified health centers. These entities have a number of other funding opportunities across the government, for which CHW Network and Community Based Organizations are not eligible to apply. These well-resourced organizations have vast administrative capacity, placing community-based organizations at a disadvantage in grant competition. NACHW encourages HRSA to re-center this NOFO to ensure equity, focusing this opportunity for established CHW Associations, CHW-led Networks, community-based organizations and nonprofits.

Issues of equity are particularly important to consider, in that CHWs are predominantly women and persons of color, who share ethnicity, diagnosis, socio-economic status and geography with the communities where they live and serve. CHWs are [disproportionately affected by inequities](#), often experiencing many of the same barriers to the social determinants of health and healthcare with marginalized communities.

NACHW’s requests to rescind or significantly modify this NOFO are offered to promote HRSA’s alignment with and implementation of the Biden-Harris Administration’s commitment to racial health equity, including Priorities 1 and 4 of the COVID-19 Health Equity Task Force:

- Priority 1: Empower and invest in community led solutions to address health equity
- Priority 4: Invest in a representative healthcare workforce

Finally, NACHW takes issue with the a priori assumptions about the CHW workforce that have led to the development of CHWTP, namely that there are either not enough CHW professionals and/or that there are not enough “projects” that will increase the number of CHWs. While we have already provided context and references to confirm overlooked and documented history, capacity and infrastructure of CHWs, NACHW is aware that the HRSA Health Workforce Modeling Project may have also factored into the development of this NOFO.

At that time the consultants shared their approach to develop models that mirror those used for other medical professions including pharmacists and EMTs. NACHW cautioned against this modeling that restricts CHWs within a medical/clinical professional hierarchy and clearly does not reflect the APHA policies of who we are, what we do or how we do it.

HRSA and many other federal agencies and organizations admittedly all have poor data on the workforce. Beginning in January 2022, NACHW engaged the HRSA National Center for Health



Workforce Analysis, allies in global, federal, state and local government, research and policy, and national, state, and local CHW and CHW Network expertise to design, develop, research and describe this problem and would welcome an opportunity to debrief.

We sincerely hope that the above is sufficient to initiate rescinding and/or modification the application due date for HRSA 22-124 and engagement with NACHW to re-center your efforts to scale the workforce through CHW self-determination, equitable investment of community-led solutions and the application of best practice by CHWs and allies

Should these areas of concern remain overlooked, especially during the pandemic, we believe the result will be a reduction in the impact of your proposed funding opportunity on health disparities and the social determinant of health needs and services of communities most impacted by COVID-19 and will have the unintended consequence of harming the professional recognition, capacity and infrastructure of the CHW profession and our Community Based Organizations.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Denise Octavia Smith', is positioned below the word 'Sincerely,'.

Denise Octavia Smith, CHW, PN, MBA
Executive Director
National Association of Community Health Workers
Senior Scholar, Harvard Medical School Primary Care Program in Global Primary Care and Social Change
Aspen Institute Healthy Communities Fellow
Robert Wood Johnson Culture of Health Leader
Universal Health Care Foundation Leader in Action

Cc: NACHW Board of Director, Policy Committee, Workforce Development Committee and National Membership and Partners