

Addressing Racial Equity

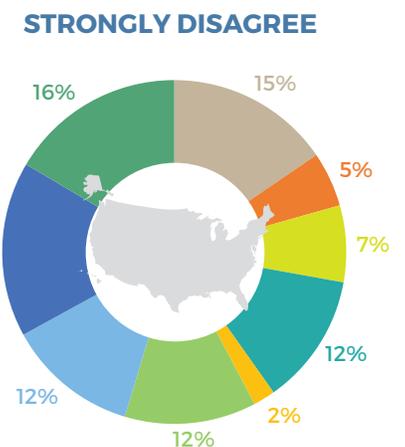
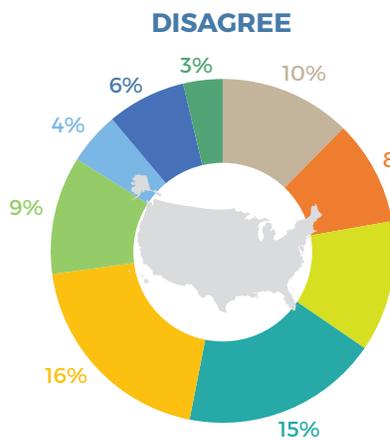
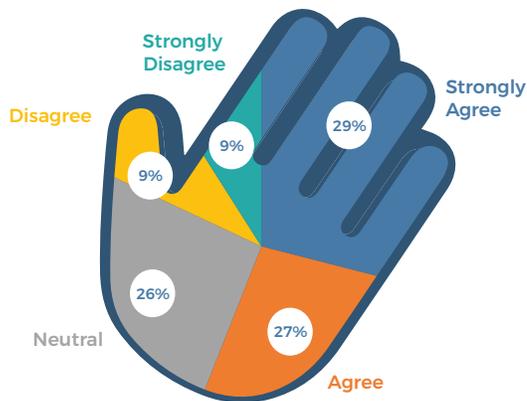
The National Association of Community Health Workers (NACHW) implemented a Community Health Worker (CHW) survey in 2021 to advance the national professional identity, policy leadership and organizational capacity of CHWs in the United States. This infographic highlights responses to our national

survey from 867 CHWs (772 English and 95 Spanish respondents) from 859 unique zip codes.

This infographic explores CHW's authority, comfort, and support in addressing racial and health equity where we live, work, and serve communities. Community health

workers well positioned as community and organizational leaders to address racial and health equity systems, services, policy. CHW leadership and capacity to address racial health equity should be integrated into policy, and funding decision making spaces and initiatives.

I have authority to identify and address issues of systemic racism and/or discrimination



New England ■ West North Central ■ West South Central ■
 Mid Atlantic ■ South Atlantic ■ Mountain ■
 East North Central ■ East South Central ■ Pacific ■

56% of CHWs express agreement and just under 50% of CHWs declare neutral or disagreement in having authority to identify and address issues of systemic racism and/or discrimination.

When we compare the range of disagreement among CHWs by region, more CHWs from Eastern North Central and New England disagree than CHWs from other regions.

The NACHW Advance CHWs project began in 2021 and is funded by Johnson and Johnson to advance the national professional identity, policy leadership and organizational capacity of Community Health Workers. CHWs is used as an umbrella term to describe community health representatives, promotores, aunties, outreach workers, peers and dozens of different work titles. CHWs are a diverse, capable, proven, frontline public health workforce, whose trust and cultural alignment with marginalized communities facilitates their roles as community

educators, capacity builders, advocates and liaisons between under-resourced communities and health and social services systems (APHA, 2014).

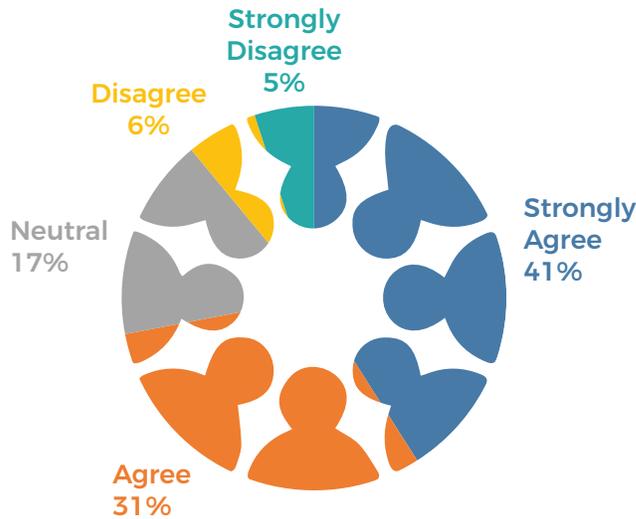
CHWs' integration within medical, public health and social service initiatives are essential to eradicate racial and social injustice and health inequities disproportionately experienced by people of color. This data should be used for action to reverse harmful practices and barriers to CHW self-determination, leadership advancement and sustainability.

The survey, analysis and narratives were developed by NACHW staff and CHW leaders from across the country who are part of the Advance CHWs Project. Special thanks to our advisors and contributors to project phases. To learn more about the CHWs in this project and download all infographics and the full report please visit <https://nachw.org/advancechwsproject/>

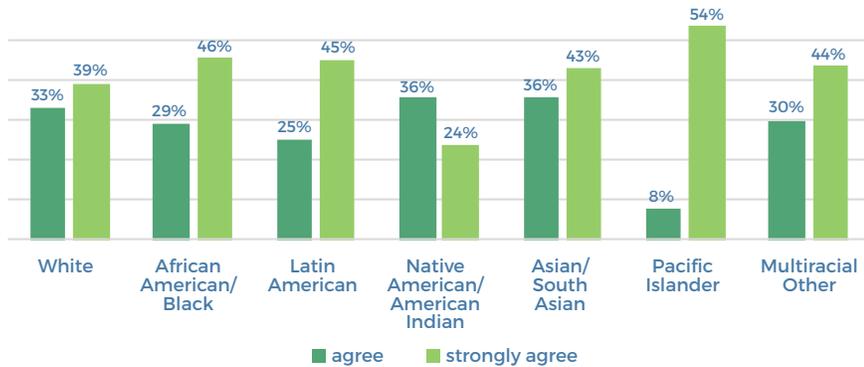


ADDRESSING RACIAL EQUITY (CONTINUED)

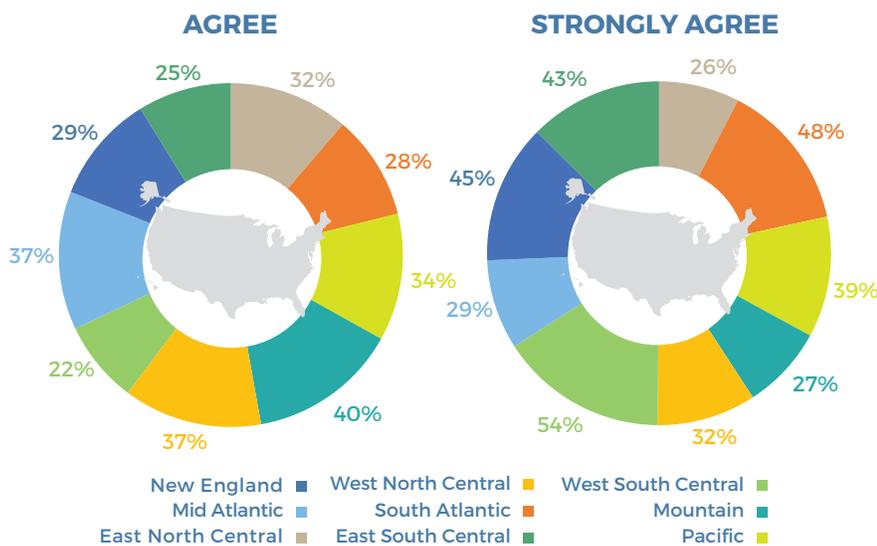
I am comfortable discussing racial and health equity where I work



More than 72% of CHWs Strongly Agree or Agree to feeling comfortable discussing racial and health equity while at work.



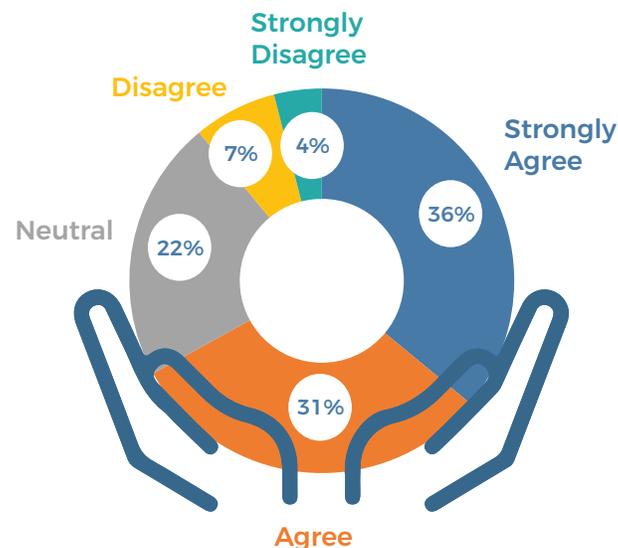
When we compared Agree and Strongly Agree totals by racial/ethnic groups, Native American peoples and Pacific Islander CHWs have reduced level of agreement than other groups with regard to feeling comfortable discussing racial and health equity.



CHWs residing and working West South Central show a higher degree of agreement in feeling comfortable discussing racial and health equity where we work, however CHWs in East North Central, Mountain, Mid Atlantic have lower agreement percentages.

ADDRESSING RACIAL EQUITY (CONTINUED)

I am supported to challenge health inequities that I see in my communities



Approximately a third or 33% of CHWs felt neutral or disagreed that we feel supported to challenge health inequities that we see in our communities and 67% of CHWs agree with feeling supported. There were no observable difference between regional subgroups and racial/ethnic groups.

OPPORTUNITIES FOR ACTION

- Unify CHWs to educate people about what systemic racism and anti-racism is - in plain language - and tactics to address racism. This can be done through providing cultural competent and accessible trainings on anti-racism.
- Train CHWs in social determinants of health terminology and address systemic racism. They know what systemic racism through experience and feel it physically and emotionally, but don't know the terminology.
- Health systems should include CHWs to lead in decision-making to broaden trusting relationships for individual and community care.
- In order to uphold Institutions and healthcare systems recognition and accountability for historical abuses in communities, CHWs should be leading systems that employ CHWs and serve communities.
- Create reimagined policy and data narratives that derive from Black, Indigenous, and people of color experiences on health disparities and self-determination.
- Organizations should continually ask 'How is racism operating here' in policy, practice, and in processes and establish routine operations in organizations commitment to promoting racial justice.