"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.

- Denise Octavia Smith on new APHA Policy 20227

MEMBERS MAKE US WHO WE ARE!

A Special "Shout Out" to NACHW MEMBERS!

We thank you for helping us to build a national member-driven organization to unite CHWs – across gender, ethnicity, race, geography and lived experience – so we can achieve health and well being in our communities!

MEMBER BENEFITS INCLUDE:

*Member Letters of Support

*Member-only Newsletters

*Voting Rights for Annual Meeting

*Discounts for the 2023 Unity Conference

*Member-only Learning Collaboratives

*Special Gifts During the Year

*Opportunities to Apply for Committees, Ambassadorships and Scholarships!

BECOME A MEMBER TODAY!

2023

Unity Conference and Annual Meeting
Sponsorship Prospectus

August 3 – 5, 2023
Austin, TX

Austin Convention Center

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Earn Professional Education Certificates

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Submit a Workshop Abstract

Present in our Poster Session

Meet other CHWs in your state

Share your work at an Exhibit Table

Sponsor a workshop or event

Attend a Special Gala!

www.NACHWunity.org   Info@NACHW.org

Introducing the Six Pillars of Community Health Workers!
Our Speakers:

Denise Smith, NACHW Executive Director

Shannon Lijewksi, Founder of the Rural CHW Network and Principal at Everyday Life Consulting

Maria Lemus, Executive Director at Vision y Compromiso

Lillie Fox, NACHW Board and Committees member

Mae-Gilene Begay President of the Forest Lake Chapter, Navajo Nation

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NACHW WHAT WE WILL DISCUSS TODAY!

1. Community Health Workers through the Lens of Racial and Health Equity

2. Highlight national CHW trends and provide an historical overview of the workforce

3. Share the Six Pillars of Community Health Workers and offer free tools and resources

4. Hear reflections from CHW and Promotora Leaders on advancing our profession

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THE LONG ROAD TO EQUITY IN THE UNITED STATES

W.E.B. DuBois' study of structural racism's impact on negro health status, income, alcohol use and employment.

1899
AFRICAN AMERICANS

Bill signed into law that led to Medicare and Medicaid for communities that experience vulnerability.

1965
UNDER-RESOURCED COMMUNITIES

2011
HEALTHCARE'S BLIND SIDE PRIMARY CARE AND THE SDOH

Unmet social needs — like access to nutritious food, transportation assistance and housing assistance — are leading to worse health for all Americans

Beginning in 1868 to today
INDIGENOUS NATIONS

Indigenous nations cede land in treaties in exchange for healthcare, yet these nations have lower life expectancy and higher rates of disease and death

2020
HEALTH DISPARITIES

27 million Americans have no health insurance and 38 million are underinsured (US Census, 2019).

1985
HEALTH DISPARITIES

Margaret Heckler's report provides strategies to accelerate a national assault on the persistent health disparities in Black and Minority Health.

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astho **NACHW** NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

Community Health Workers: Evidence of Their Effectiveness

Community health workers (CHWs) are critical to improving individual and community health through their ability to build trust and relationships and deepen communication between patients and providers. CHWs have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social and behavioral determinants of health.

As states advance efforts to expand financing for and use of this workforce, it will be critical to make an evidence-based business case for policymakers and providers. Existing studies on CHWs focus on assessing their effectiveness in improving health outcomes, reducing healthcare costs, and bridging the gap in health disparities. The number of research articles on the impact of CHW-led interventions and programs has escalated dramatically over the past fifty years, and the scientific rigor of study designs has improved notably.

Figure 1. Number of studies on community health workers.

| 1964–1973 | 14 | → | 1994–2003 | 252 | → | 2014–2016 | 574 |

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Occupational Employment and Wages, May 2019

21-1094 Community Health Workers

Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

National estimates for this occupation
Industry profile for this occupation
Geographic profile for this occupation

Map | Financing | Education | Certification | State CHW Legislation | Organizations & Workgroup | CHW Roles in State | State Agency

Click for more information. (47 states and DC) | No state activity on CHWs identified at this time. (3 states)

NASHP NATIONAL ACADEMY FOR STATE HEALTH POLICY

## C3 Project Findings: Roles & Competencies

The C3 Project recommendations include a total of ten roles and eleven skills, as listed below. New skills are indicated with an asterisk. You can download a complete checklist, including sub-roles and sub-skills, here or on the resources page.

We note that roles and skills are not intended to match each other; multiple skills may support several roles.

The C3 Project team did not re-evaluate CHW qualities. Instead, the Project team asked for affirmation and endorsement of existing knowledge about CHW qualities, with "connection to the community served" being the most critical quality. A word cloud of endorsed qualities is found at the bottom of this page.

Core CHW Roles

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
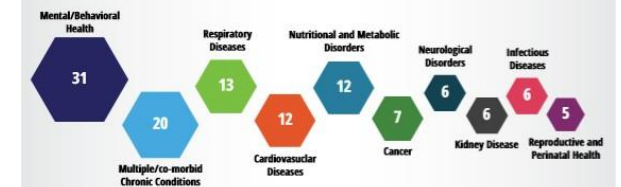10. Participating in Evaluation and Research

---
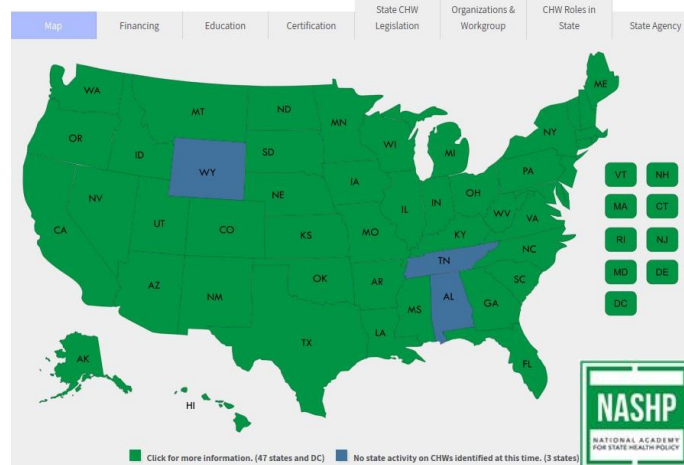
As of March 2020, PCORI has funded nearly **$275 MILLION TO FUND 76** active or completed comparative clinical effectiveness research studies that use community health workers in an intervention.

BY THE NUMBER OF PROJECTS

Top Condition Categories
*By number of projects. A project may study more than one condition.

Mental/Behavioral Health **31**
Respiratory Diseases **13**
Nutritional and Metabolic Disorders **12**
Neurological Disorders **6**
Infectious Diseases **6** **5** Reproductive and Perinatal Health
Multiple/co-morbid Chronic Conditions **20**
Cardiovascular Diseases **12**
Cancer **7**
Kidney Disease **6**

CHWs Must Achieve Sustainability in the United States and Globally

Despite nearly 60 years of research on CHW effectiveness, two decades of public health recognition, landmark workforce development studies, and a national labor classification, CHWs and allies are still building a national identity, state-level policies and models for sustainable funding.

When the roles and leadership capabilities of community health worker are actualized and their organizing infrastructure is cultivated, CHWs can join with other professions to co-create and implement programs, practices, and policies that achieve health, racial equity, and social justice.

CHWs: The Workforce We Need for the World We Want!

The National Association of Community Health Workers (NACHW) believes that Community Health Workers must achieve national professional identity, policy leadership and sustainability to:

- address growing U.S. public health worker shortages
- Strengthen weakness in pandemic readiness - *especially at the community level*
- reduce cost and disease by prioritizing the social determinants of health
- achieve racial and health equity for marginalized communities
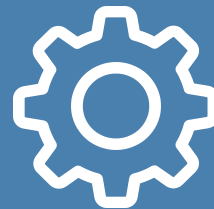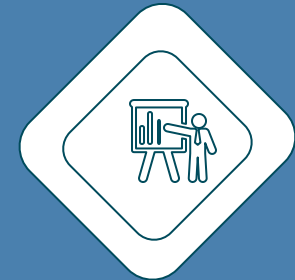
WHY DO WE NEED THE SIX PILLARS?

?

Feedback from CHWs, Promotoras, CHRs and other members of our workforce helped us create the Six Pillars to ensure that our professional identity is:

- Rooted in Self-Determination, Self-Actualization
- Inclusive of our Workforce History
- Creates Unity in Our Diversity
- Easy to communicate to employers, funders, providers and partners

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WHO DOES THE TITLE "CHW" REFER TO?

?

Community Health Workers (CHWs) is an umbrella term that is used in the Six Pillars to refer to a highly diverse workforce. It is inclusive of Promotores/as, Community Health Representatives, Aunties/Uncles, Outreach Workers, peers and dozens of other job titles). This does not negate the unique identities of the groups referenced as CHWs.

CHWs are frontline public health workers who are trusted members of and /or have an unusually close understanding of the community served. This trusting relationship enables CHWs 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 (APHA, 2014), and improves clinical, behavioral and social service access, delivery, quality, and care system performance.

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Pillar I

CHWS: A UNIQUE WORKFORCE

CHWs have a US Dept of Labor workforce classification. They are recognized by the ACA as health professionals. CHWs have developed their own professional Core Competencies and were classified as essential, critical, infrastructure workers by the US Dept of Homeland Security in March 2020 when the COVID-19 pandemic began.

With NACHW leadership, CHWs, CHW Networks and Allies developed a National CHW Policy Platform with recommendations for public and private institutions to respect, protect and authentically partner with us.

In alignment with over two decades of policy from the American Public Health Association, our unique workforce must lead discussions of state and federal workforce development, policy, funding. Nothing About Us – Without Us!

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Pillar II
CHWS: A COMMUNITY-BASED WORKFORCE

The heart of CHW work is grounded in and committed to community advocacy, capacity building and relationship. Trust, respect and dignity for all human beings is at the center of who we are and what we do.

Our compassion and commitment to families and communities where we live and serve is largely due to our shared life experience – we look like, live like and are often survivors of or dealing with the same chronic diseases and structural barriers to health and wellbeing as they are.

CHWs are leaders within and leaders of community-based organizations and nonprofits and are central to all efforts that seek to address clinical and community integration and the social determinants of health.

Pillar III

CHWS: A DIVERSE AND HISTORIC WORKFORCE

The origins of our workforce in the United States goes back hundreds of years and is informed by many countries. Our strength is our diversity across language, culture, faith, race, gender and experience as

- healers and advocates in African American communities during slavery and reconstruction
- as community health representatives, preserving sovereignty, well-being, language and culture on US tribal nations
- as promotores, aunties, outreach workers, peers and dozens of other work titles-
- among immigrant and refugee communities across Latino, Asian American, Pacific Islander, native Hawaiian and Alaska Native communities.

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Pillar IV
CHWS: A CROSS SECTOR WORKFORCE

CHWs do the work of reducing barriers and building capacity for people to achieve whole health and wellbeing. This requires integration of and attention to the social determinants of health. CHWs play a critical role in addressing the SDOH. CHWs work with other CHWs who are working within different sectors to integrate the needs of individuals.

CHWs serve in faith-based institutions and ministries, homeless shelters, food pantries, cancer navigation programs, HIV and substance abuse, advocacy and support groups, as well as education, mental health, housing, workforce development, immigration and voting rights, and across health sectors and conditions that are prevalent in marginalized communities.

Pillar V
CHWS: A PROVEN WORKFORCE

With over 60 years of effectiveness evidence in maternal and child health, behavioral health and recovery, chronic disease and community violence interventions, immunization, oral health, and other areas as confirmed in a number of randomized control trials, systematic reviews, and ROI studies of CHW interventions.

CHWs are also increasingly recognized for our contributions to addressing racial equity and the social determinants of health - by connecting individuals to basic needs and by organizing communities to address inequitable social conditions.

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Pillar VI
CHWS: A PRECARIOUS WORKFORCE

We are a majority female workforce. And given our racial, ethnic and gender identities, we are among the lowest paid among other public health professionals.

CHWs often lack inclusion as leaders to develop policies that will sustain their profession. CHW-led and community-based organizations where we often work remain dependent upon short term grants instead of sustainable reimbursement models. We often face barriers to compete for grants due to structural inequities and professional hierarchies. National and state policies, health systems and providers are inconsistent in their recognition and integration of our professional roles.

We lack national and state level data to track and describe our trends in career pathways, training, diversity, and impact across interventions and organizations.

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**NACHW
SIX PILLARS
WEBSITE**

**DOWNLOAD
RESOURCES AND
TOOLS TODAY!**

**The Six Pillars of Community Health
Workers – NACHW**

Six Pillars:
RESOURCES TO LEARN MORE

APHA POLICY WITH DEFINITION: https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities%C2%A0

NACHW National CHW Policy Platform: https://nachw.org/wp-content/uploads/2021/03/NACHW-National-Policy-Platform-2021.pdf

ACA Opportunities for Community Health Workers: https://chlpi.org/wp-content/uploads/2013/12/ACA-Opportunities-for-CHWsFINAL-8-12.pdf

https://visionycompromiso.org/wp_new/wp-content/uploads/2017/03/workforce_report_web.pdf

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Six Pillars:
RESOURCES TO LEARN MORE

https://www.nachr.net/

Learn about the history of the CHR programs; https://www.ihs.gov/ihm/pc/part-3/p3c16/#:~:text=The%20CHR%20Program%20was%20established,specific%20tribal%20health%20care%20needs.

 https://nachw.org/2023/01/25/new-apha-policy-community-health-workers-advancing-equity-violence-prevention/

Community Health Workers: Evidence of Their Effectiveness (astho.org)

Clinical and community linkages with CHWs in the U.S.: A scoping Review

Six Pillars:
RESOURCES TO LEARN MORE

https://nachw.org/2023/01/25/new-apha-policy-community-health-workers-advancing-equity-violence-prevention/

https://visionycompromiso.org/wp_new/wp-content/uploads/2016/02/Highlights_Promotores-TCE.pdf

https://nachw.org/chw_resources/a-summary-of-the-community-health-advisor-study/

Report of the Community Health Worker Core Consensus Project

The Evolution, Expansion, and Effectiveness of Community Health Workers

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