

DIVERSITY OF CHW Respondents by Geography, Ethnicity, Race and Cultures

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.

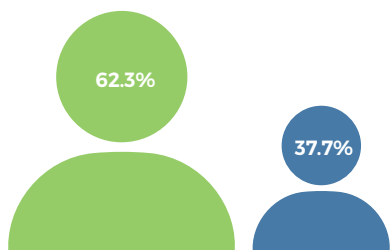
This infographic explores CHW workforce diversity by race/ethnicity, gender identity, language preference, and education attainment.

CHWs come from the communities they serve and are prepared to provide culturally

and linguistically appropriate service. CHWs have an understanding of the needs within their community and are often seen as trusted advisors to the hardest to reach populations. The distinctiveness of their socio-characteristics are a direct reflection of their ability to connect with an abundance of ethnic and racial heritages.

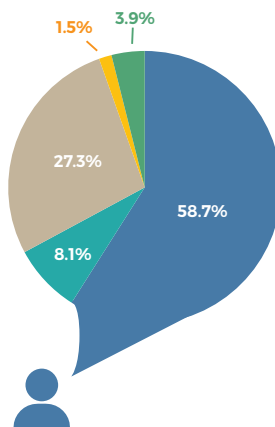
Ethnicities

Hispanic or Latino Origin ■
Not Hispanic or Latino Origin ■



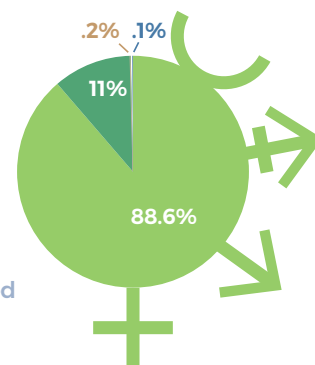
Languages/Dialects Used to Provide CHW Services

English only ■
Spanish only ■
English & Spanish ■
Haitian Creole ■
Other ■



Sex/Gender

female ■
male ■
non-binary ■
transgender female ■



The majority of CHWs are female (88%), while 11% of CHWs are male. Less than 1% identified as non-binary or transgender female.

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, aunts, 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).

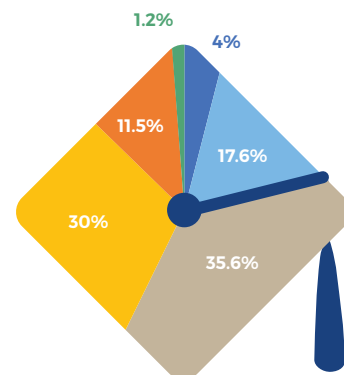
CHWs' integration within medical, public health and social service initiatives are essential to eradicate racial and social injustice and health inequities disproportionately experienced by people of color. This data should be used for action to reverse harmful practices and barriers to CHW self-determination,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



Highest Level of Education Completed

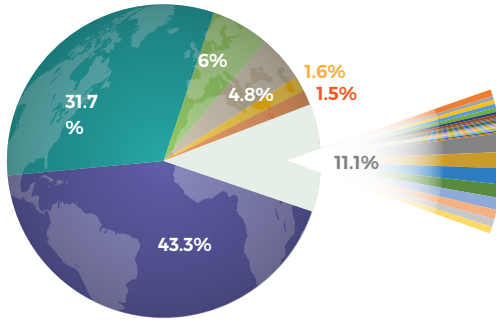
Vocational / Trade School ■
Graduate / Professional Degree ■
Some College or 2 Year Degree ■
Bachelor's Degree ■
High School or GED ■
Less than High School ■



Race

(Abridged)

- White
- African American / Black
- Latin American
- Native American/ American Indian
- Asian / South Asian
- Pacific Islander
- Multi-racial / Other



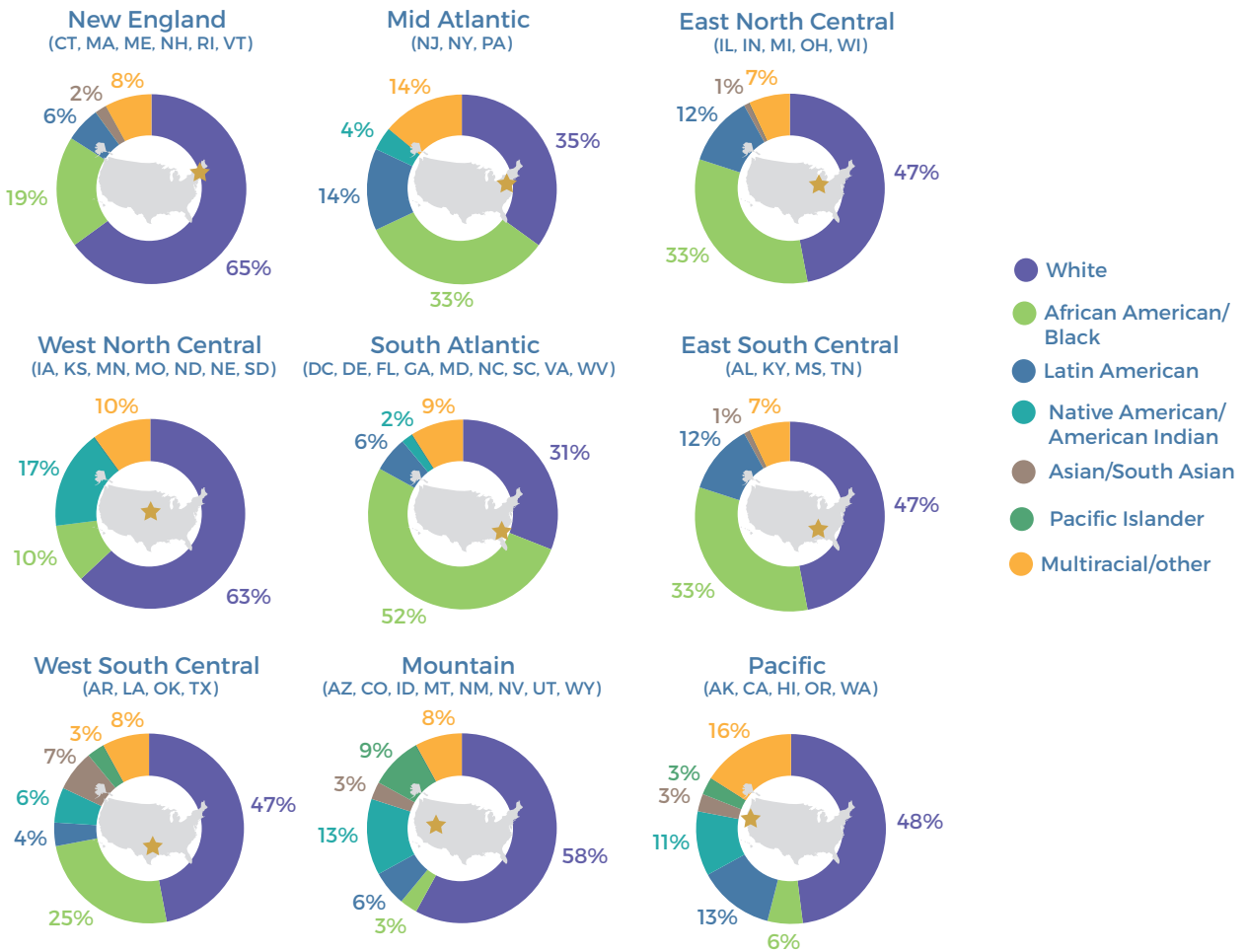
(All)

Self-identifying race/ethnicity/culture is critical and goes beyond the scope of census.

- White, Asian/South Asian (0.5%)
- African American/Black, White, Native American/American Indians (0.3%)
- Asian/South Asian, Native Hawaiian/Alaskan Native (0.3%)
- Native Hawaiian/Alaskan Native (0.3%)
- Hispanic, White (0.3%)
- Haitian American (0.2%)
- Native American/American Indian, Mestizo (0.2%)
- Middle Eastern/North African (0.1%)
- African American/Black, Native American/American Indian, Pacific Islander (0.1%)
- White, Asian/South Asian, Native Hawaiian/Alaskan Native, Pacific Islander (0.1%)
- African American/Black, Asian/South Asian (0.1%)
- Maya (0.1%)
- Native American/American Indian, Pacific Islander (0.1%)
- Caribbean - Taina (0.1%)
- Native (0.1%)
- Central American Indian (0.1%)
- White, Pacific Islander (0.1%)
- African/Yamasee Native (0.1%)
- White, Native American/American Indian, Middle Eastern/North African (0.1%)
- Other (1.4%)
- African American/Black, White (1.2%)
- Mexican (1.2%)
- White, Native American/American Indian (1%)
- Multi-racial (0.9%)
- Mestizo (0.7%)
- Latin (0.6%)
- African American/Black, Native American/American Indian (0.5%)

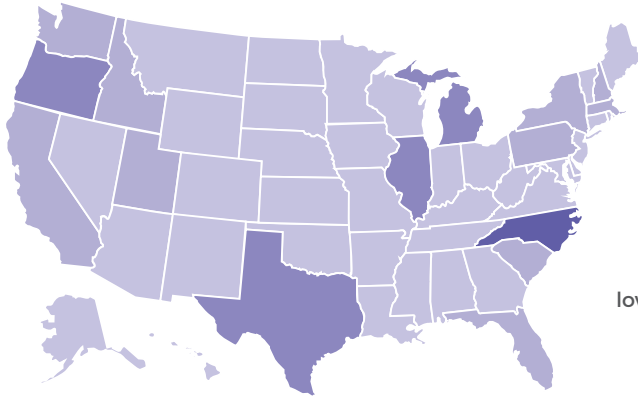
The opportunity for CHW's to self- identify race and ethnicity provides a glimpse of the diversity of the profession across the nation. Overall, of the 867 survey respondents across the U.S. represented 43% White, 32%, African American/Black, 9% Multi-racial/not listed, 8% Latin American, 5% Native American/American Indian, 1.6% Asian/South Asian and 1.5% Pacific Islander. A significant portion of respondents represent the communities for which they serve. Most notably, this survey represents a large population of Native American/ American Indian and Multi-racial/other subgroups.

Race, by Region



DIVERSITY OF CHW RESPONDENTS BY GEOGRAPHY, ETHNICITY, RACE AND CULTURES (CONTINUED)

Distribution of Respondents



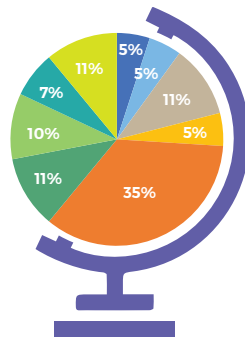
Note: *234 of the 867 or 28% of responses were from a single employer in North Carolina.

lower higher



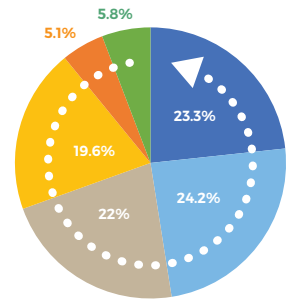
Regions

- New England (CT, MA, ME, NH, RI, VT) ■
- Mid Atlantic (NJ, NY, PA) ■
- East North Central (IL, IN, MI, OH, WI) ■
- West North Central (IA, KS, MN, MO, ND, NE, SD) ■
- South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, WV) ■
- East South Central (AL, KY, MS, TN) ■
- West South Central (AR, LA, OK, TX) ■
- Mountain (AZ, CO, ID, MT, NM, NV, UT, WY) ■
- Pacific (AK, CA, HI, OR, WA) ■
- Territory(PR) ■



Age of Respondents (in years)

- 55-64 ■
- 45-54 ■
- 35-44 ■
- 25-34 ■
- 16-24 ■
- 65 and older ■



The 45-54 age group has the largest number of respondents at 24.2% when compared to the other age categories. This is followed by 55-64 age group at 23.3%, 35-44 at 22.0, 24-34 at 19.6%, 65+ at 5.8%, and lastly the 16-24 category at 5.1%.

OPPORTUNITIES FOR ACTION

- **Recruit and hire authentic CHWs** who are trusted and have shared life experience, culture and language with the communities they will serve.
- **Remove barriers to recruitment, training, certification and employment** like educational requirements, past criminal record and English proficiency requirements
- **Prioritize racial health equity, inclusion, diversity, and a trauma informed approach**
- **Increase recruitment for CHWs** who identify as male and those of nonconforming genders
- **Permanently fund CHWs' roles** including addressing the social determinants of health, policy, advocacy, and research Payers and funders should recognize CHW assets through sustained funding
- **Integrate and compensate** CHW language proficiency and life experience skills into all direct service
- **Invest in CHWs' career advancement pathways** like certification and continuing education, tuition reimbursement, pay raises for educational attainment, and scholarships.