

COMMUNITY HEALTH WORKER Roles in Networks

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.

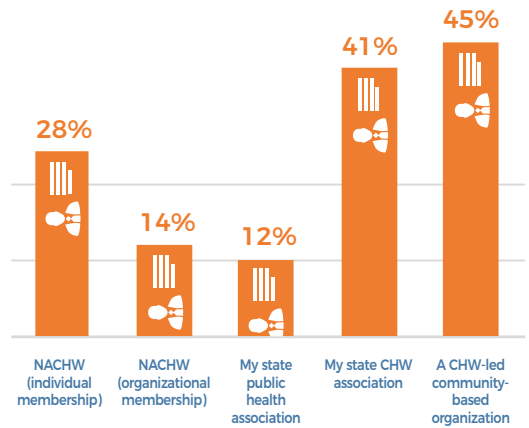
This infographic depicts our experience and awareness of CHW

networks, associations, and coalitions in our state and local communities, as well as the types of support provided to networks.

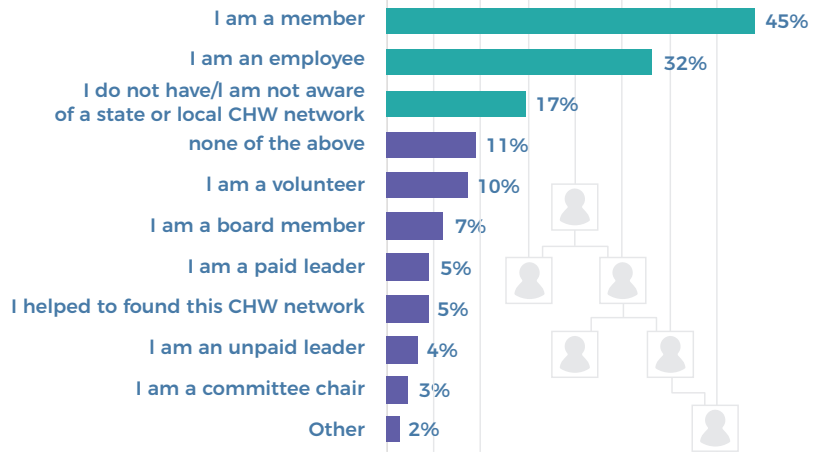
CHW networks are led by Community Health Workers; we support public health infrastructure and, network and mobilize as a united front. We address health and racial inequities and are critical partners to advance health and well-being in our communities in elevating our life experience, deep rooted trust, and cultural alignment. Networks advance community

health leadership, training, mentorship, policy, and advocacy ultimately respecting and protecting our workforce as authentic partnerships.

I am a member of (select all that apply)



The following statements are true for me related to my local /state CHW network (association or coalition)



CHWs indicated the statements that are true as related to our personal experience to state or local CHW networks, associations, or coalitions. Forty-five percent of CHWs are members of a local CHW network, while 17% of CHWs are not affiliated or are not aware of a state or local CHW. Among CHWs, 32% are employees, but 11% of CHWs did not select any of the statements.

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/>

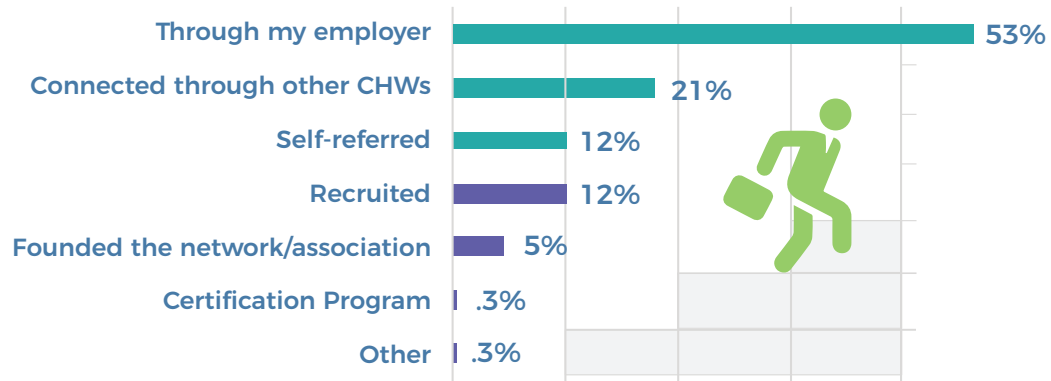


NACHW
NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS

Johnson & Johnson
OUR RACE TO
HEALTH
EQUITY

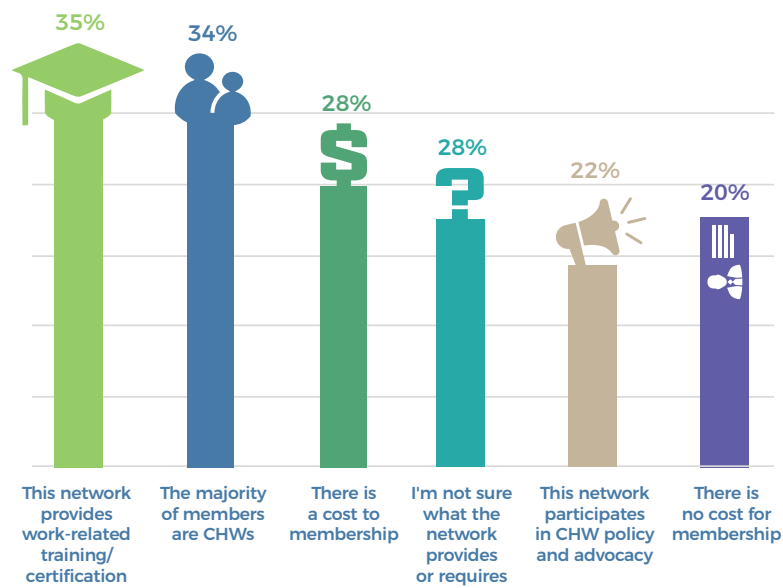
ROLES IN NETWORKS (CONTINUED)

I obtained this role in the CHW network through...



CHWs obtained a network role through employers (53%), connections through another CHW (21%) or were self-referred (12%). We note that the question did not apply for 13% of CHW respondents.

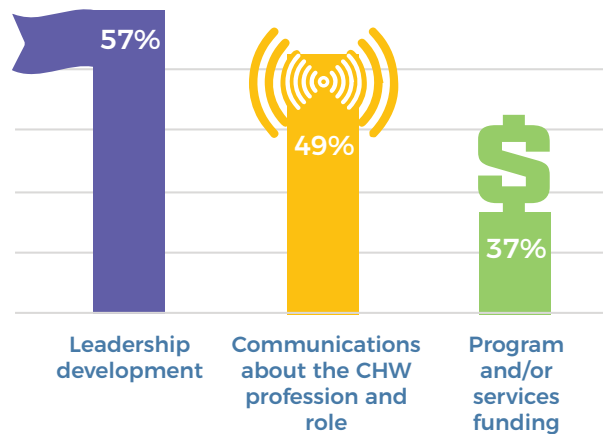
The Following Statements are true regarding my local or state CHW Network



CHWs selected the statements that resonated true regarding local or state CHW network during the 2021 time period.

ROLES IN NETWORKS (CONTINUED)

The top 3 types of support should be provided to CHW networks



The top three types of support that should be provided to all CHW networks include 1) Leadership Development, 2) Communications about the CHW profession and role; 3) Program and/or services funding.

OPPORTUNITIES FOR ACTION

- **Establish private and public partnerships** focused on innovations across networks that are rooted in culturally and linguistic appropriate community health worker local models
- **Strengthen education and training materials** and lean on CHWs network and associations as a trusted resource.
- **Provide scholarships for CHWs** who graduate in program to become a local member CHW association
- **CHWs should be in leadership position** for every association or network; self-determination and viability
 - Develop programs where members join boards, and create leadership development opportunities
- **Networks can model** from NACHW with 2 to 3 year terms. Significant to transfer expertise; these organizations whether paid that they are sensitive to the diversity, equity, inclusion of roles and term limits.
- **Develop career pipeline** of future leaders by transitioning volunteers into paid roles in leadership
- Organizations and states should **fund CHW networks, associations, coalitions** with contracts that support programmatic leadership activities, we have co-leadership.
- **Fund programs and campaigns** to promote awareness of CHW professional identity regardless of work or employment title, which could help to unify the profession at the state level and drive increased membership in these organizations.
- State health departments and other organizations receiving grant funding or employing CHWs need to **integrate broad roles that describe the CHW profession.**