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 Community Health Workers 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.

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

- I am a member of [select all that apply]
  - NACHW (individual membership): 28%
  - NACHW (organizational membership): 14%
  - My state public health association: 12%
  - My state CHW association: 41%
  - A CHW-led community-based organization: 45%

- I am a member of the organization
  - NACHW (individual membership): 45%
  - NACHW (organizational membership): 32%

- I am an employee
  - NACHW (individual membership): 45%
  - NACHW (organizational membership): 32%

- I do not have/I am not aware of a state or local CHW network
  - NACHW (individual membership): 11%

- none of the above
  - NACHW (individual membership): 45%

- I am a volunteer
  - NACHW (individual membership): 10%

- I am a board member
  - NACHW (individual membership): 7%

- I am a paid leader
  - NACHW (individual membership): 5%

- I helped to found this CHW network
  - NACHW (individual membership): 5%

- I am an unpaid leader
  - NACHW (individual membership): 4%

- I am a committee chair
  - NACHW (individual membership): 3%

- Other
  - NACHW (individual membership): 2%

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, 52% are employees, but 11% of CHWs did not select any of the statements.
### ROLES IN NETWORKS (CONTINUED)

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Through my employer</td>
<td>53%</td>
</tr>
<tr>
<td>Connected through other CHWs</td>
<td>21%</td>
</tr>
<tr>
<td>Self-referred</td>
<td>12%</td>
</tr>
<tr>
<td>Recruited</td>
<td>12%</td>
</tr>
<tr>
<td>Founded the network/association</td>
<td>5%</td>
</tr>
<tr>
<td>Certification Program</td>
<td>.3%</td>
</tr>
<tr>
<td>Other</td>
<td>.3%</td>
</tr>
</tbody>
</table>

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

1. This network provides work-related training/certification: 35%
2. The majority of members are CHWs: 34%
3. There is a cost to membership: 28%
4. I'm not sure what the network provides or requires: 28%
5. This network participates in CHW policy and advocacy: 22%
6. There is no cost for membership: 20%

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