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NACHW 2023 DATA REPORT: INSIGHTS ON CHW NETWORK PARTNERSHIPS, EXPERTISE AND SUPPORT NEEDS FOR SUSTAINABILITY

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HEALTH

NACHW 2023 Data Report: Insights on CHW Network Partnerships, Expertise and Support Needs for Sustainability

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At the outset of the global COVID-19 pandemic, the National Association of Community Health Workers called on public and private institutions to undergird their recognition of the Community Health Worker (CHW) profession by mobilizing funding to scale Community Health Worker Network (CHW Network) capacity for contact tracing and care coordination training and services.

NACHW defines CHW Networks as being CHW led organizations (including CHW Associations, Coalitions, alliances, etc.) whose missions and activities prioritize workforce development, mentoring, member mobilization, and advocacy.

CHW Networks' leadership and/or membership is comprised of 50% or more of CHWs. As of April 2024, NACHW has ninety-nine members identified as CHW Network organizations. For at least the last four decades, CHW Networks have operated at the municipal, county, state, and regional levels, as prominent partners of public health, healthcare, and emergency response infrastructures in natural disasters and COVID-19. The first U.S. CHW [Network study](#) found that many CHWs have no access to a [local, state, or regional](#) Network. Of the Networks that completed the 2018 study, half said that they have “no paid staff and have operating budgets of \$50,000 or less”.

The “Insights on CHW Network Partnership, Capacity and Support Needs for Sustainability” report summarizes seven key takeaways drawn from the NACHW 2023 National CHW Network Survey that describe challenges and opportunities to sustain these unique and critical organizations. Policymakers and health departments, health systems, philanthropic organizations, and private payers, can gain knowledge about CHW Networks that can inform their future public health initiatives, partnerships, policies, and investments.

Seven Key Takeaways

- Approximately 44% of CHW Networks have a budget of **less than \$50,000 annually**.
- Most CHW Networks are comprised of **board members** (86%), **executive director** (52%), and **staff** (48%).
- CHW Networks are contacted for guidance on policies related to **CHWs or racial equity** by state health departments (59%), education/academic institutions (52%), hospitals (38%), other state departments (34%), and state legislature (31%).
- CHW Networks **provide technical assistance** on topics such as: CHW training-curriculum development (52%), policy & advocacy (48%), CHW-related research (45%), CHW training and facilitation (41%), and CHW program evaluation services (28%).
- The top five specific health **focus** areas among CHW Networks focus areas include: Behavioral health (48%), Chronic non-communicable diseases (41%), Chronic infectious disease (41%), Aging and older adult health (41%), Refugee and migrant health (38%).
- CHW Networks also **provide services to CHWs** directly, such as: sharing community resources with CHWs (69%), holding annual conferences or other CHW convenings (66%), sharing job opportunities with CHWs (66%), providing policy and advocacy (66%), and sharing self-care resources with CHWs (59%).
- Key areas where CHW Networks **need support** include sustainable financing recommendations (52%), program and services funding (48%), and policy and advocacy development (31%) and leadership development (31%).

Methodology

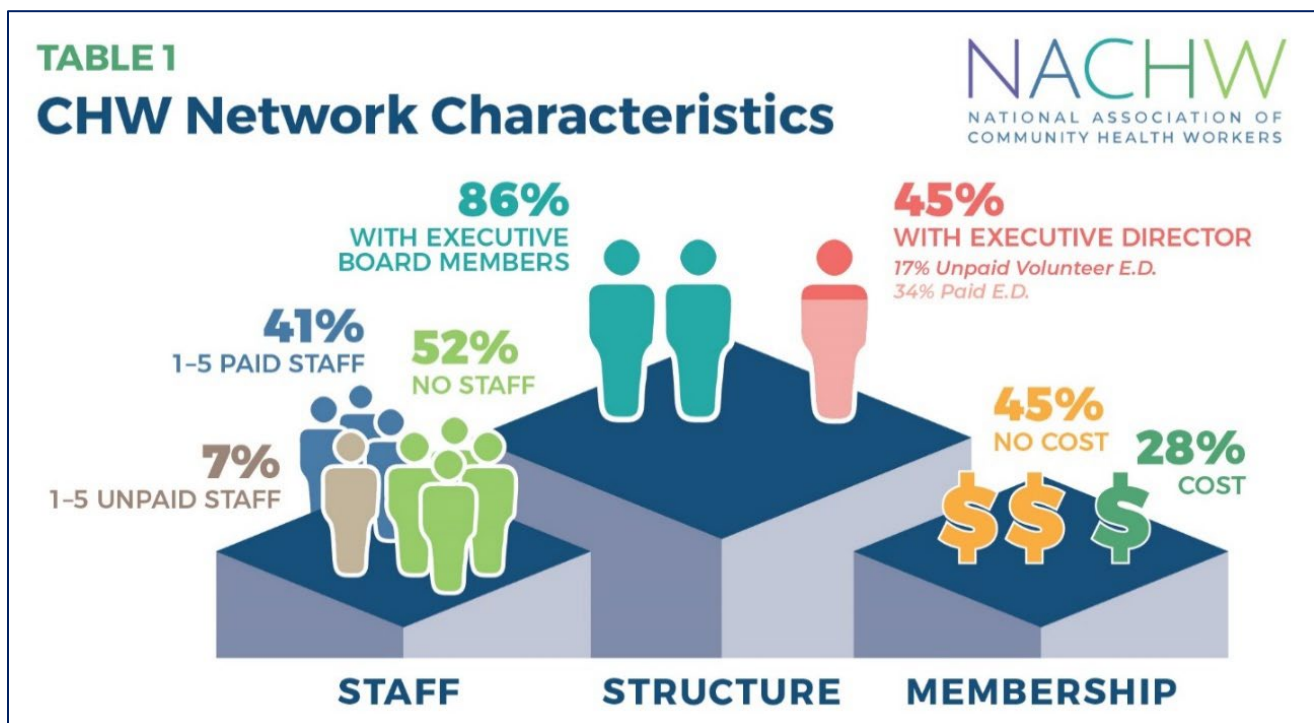
The NACHW CHW Network survey was designed and analyzed by CHWs and allies at NACHW. The survey was distributed to CHW Networks (N=29) for completion online from February 2023 to September 2023. NACHW emailed an invitation to complete the survey, with follow up reminders, to its listserv. The invitation requested that the survey respondent be a CHW leader/representative from CHW-led organization. We offered a drawing of thirty, \$50 electronic gift-cards for CHW participation in February 2023.

One hundred and eighty-two organizations responded, however the majority of the respondents were not CHW Networks when the NACHW staff applied the definition of CHW Networks used by the NACHW founding board members and in the 2018 CHW Network Study.

Twenty-nine survey respondents met the criteria for CHW Networks. These organizations represent local, statewide, tribal, or multi-state CHW membership. Two of the Networks are in the process of establishing their organization. More than 72% of the CHW Network respondents were established organizations before 2019.

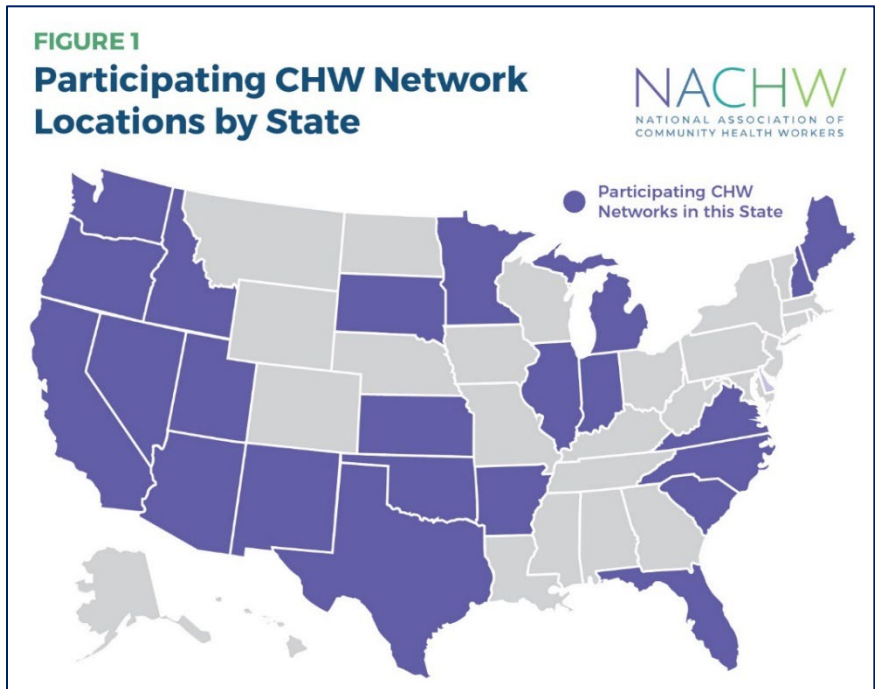
The analyses of the report are descriptive and based on responses provided for each question. In an effort to decolonize data for the representation of identities across and within race and ethnicity reporting, we disaggregated multiple race/ethnicities to the unique representative options and then shared the overall total of multiple races/ethnicities.

For example, if an individual identified as Black/African American and Native American, we included the individual represented in the graph in both Black/African American response and Native American response options. Additionally, we reflected their response of multiple race/ethnicities in the total percentage of individuals that represent multiracial/multiethnicities. In doing so, we are ensuring that all self-identifying races/ethnicities are visibilized.

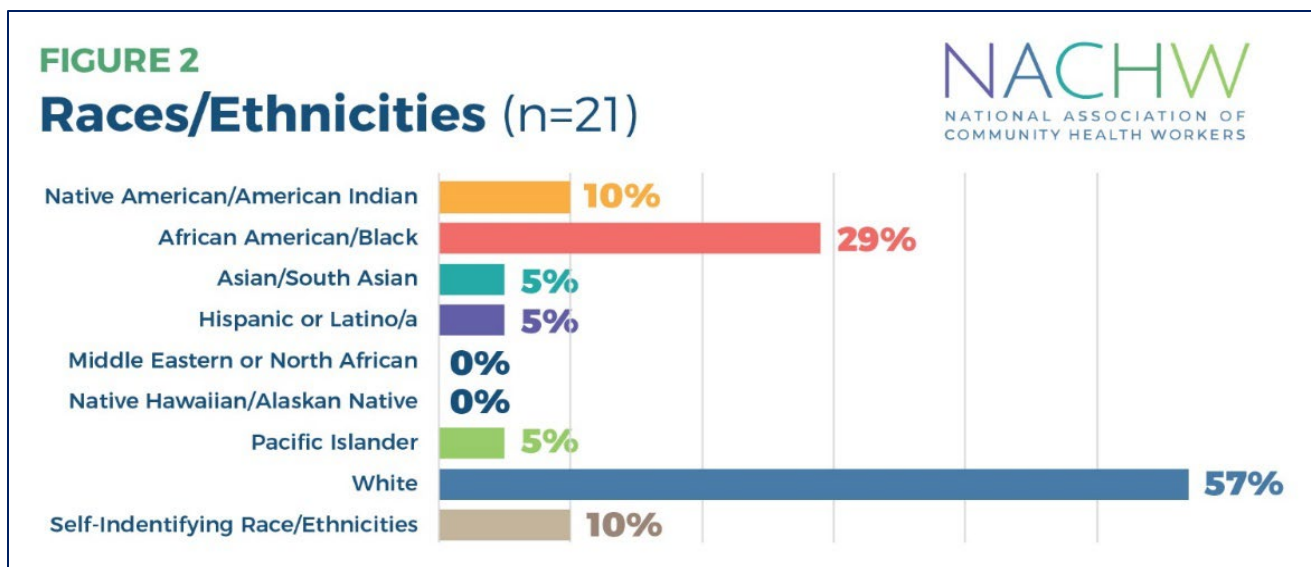


Of the survey responses, 86% of CHW Networks have an executive board member structure in their organization. At least 52% of CHW Networks have an executive director, however five of the executive directors are unpaid volunteers. Forty-one percent of CHW Networks have 1-5 paid staff, and 7% CHW Networks have only unpaid volunteer staff. More than 28% of CHW Networks offer membership at no cost and 45% CHW Networks require a membership fee (ranging in price from \$10 to \$65 dollars per membership). The average price of a membership within these Networks is \$28.

CHW Networks serve local, state, regional, and national organizations and CHWs (see Figure 9). The responses in the survey from CHW Networks came from twenty-three states and tribal nations. Additionally, three Networks serve locally, one Network services multiple states, and one Network serves nationally. CHW Networks were represented in all ten HHS regions in this initial survey.

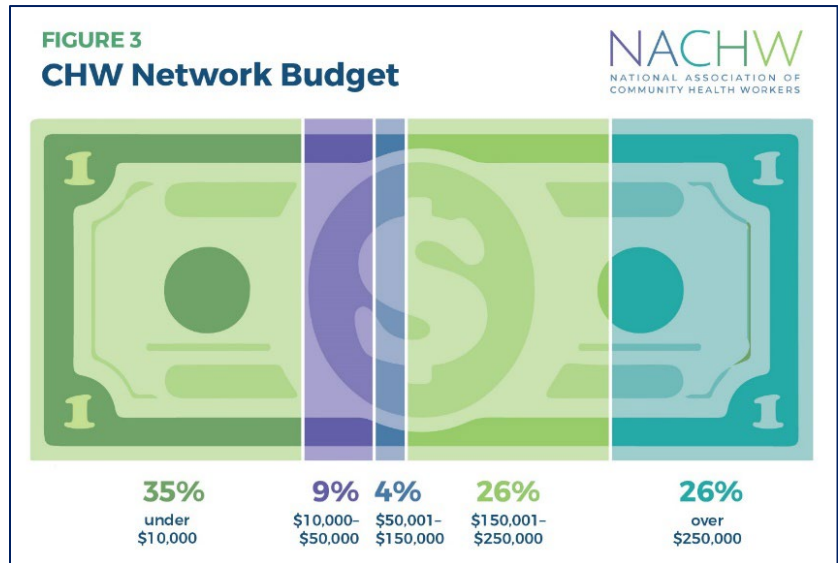


Twenty-one out of 29 (or 72%) of survey respondents were asked to self-identify race/ethnicity. Individuals could select all options that applied as well as write-in their response. Of the respondents, four individuals identify across multiple races or ethnicities. From highest to lowest representation, 57% of respondents were white; 29% of respondents were African American, Black, or African Ancestry; 10% of respondents were Native American or American Indian, 10% wrote-in their race/ethnicity such as 'white immigrant' and 'mixed'; 5% were Asian or South Asian, 5% were Hispanic or Latino/a, and 5% of respondents were Pacific Islander. Middle Eastern or North African and Native Hawaiian or Alaskan Native were not selected.

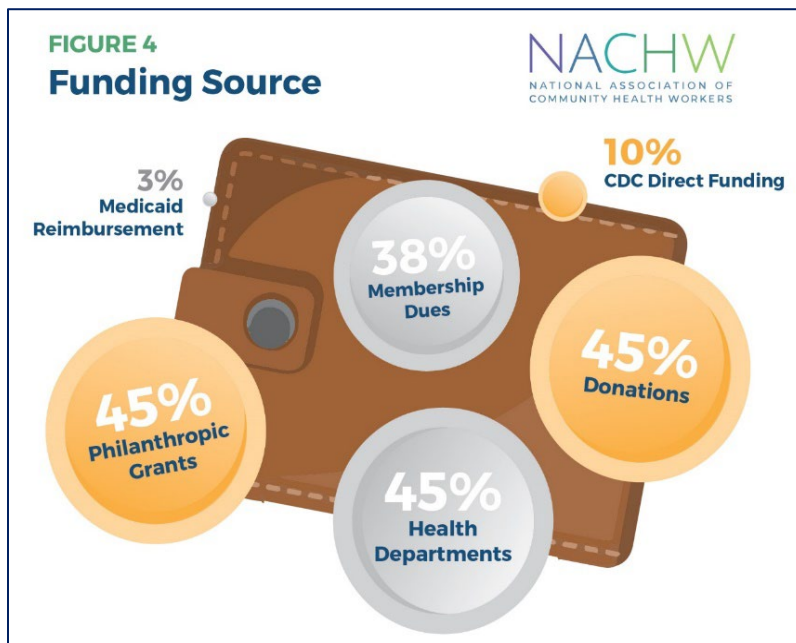


CHW Network Budget and Funding by Source and Type

This section describes the state of CHW Networks financial sustainability. In addition, the section describes organizations that partner with CHW Networks. Despite the small annual budget resources, CHW Networks foster organizational trust. Furthermore, these findings continue to confirm structural barriers to funding. CHW Networks do not have the same resources as large professional organizations or Network service provider centers which makes CHW Networks at a disadvantage in competing for health and public health care opportunities.



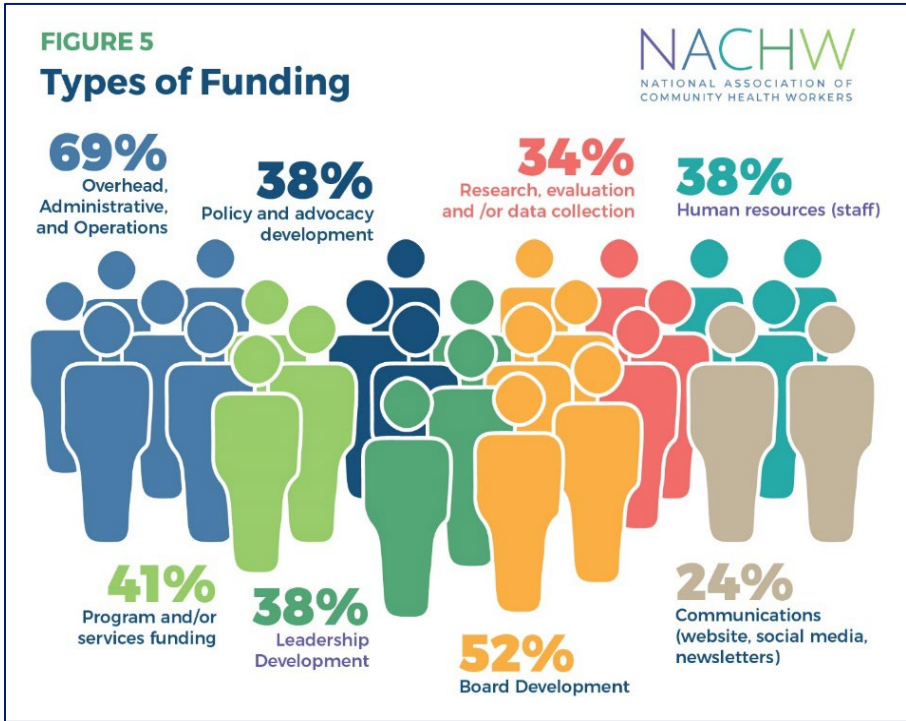
Thirty-five percent of CHW Networks reported a budget under \$10,000, 9% have a budget of between \$10-50,000, 4% have a budget of \$50,001 - 150,000, and 52% of CHW Networks have a budget of between \$150,001 - \$250,000 or more.



Barriers to pay equity in these organizations are evident. If there is no pay equity among CHW Networks organizational structure, how can CHWs truly realize their full potential in public health and health care ecosystems?

CHW Networks report multiple funding streams. Forty-five percent of CHW Networks receive philanthropic grants, state or local health departments grants and donations, respectively. Thirty-eight percent of CHW Networks receive paid membership dues. Ten percent of CHW Networks receive direct funding from CDC,

and 3% receive Medicaid reimbursement. Other write-in funding categories (34%) included fundraisers, grants, coordinated care organization/fiscal sponsor, and partnership consortiums that include CHW Network activities in their grant.

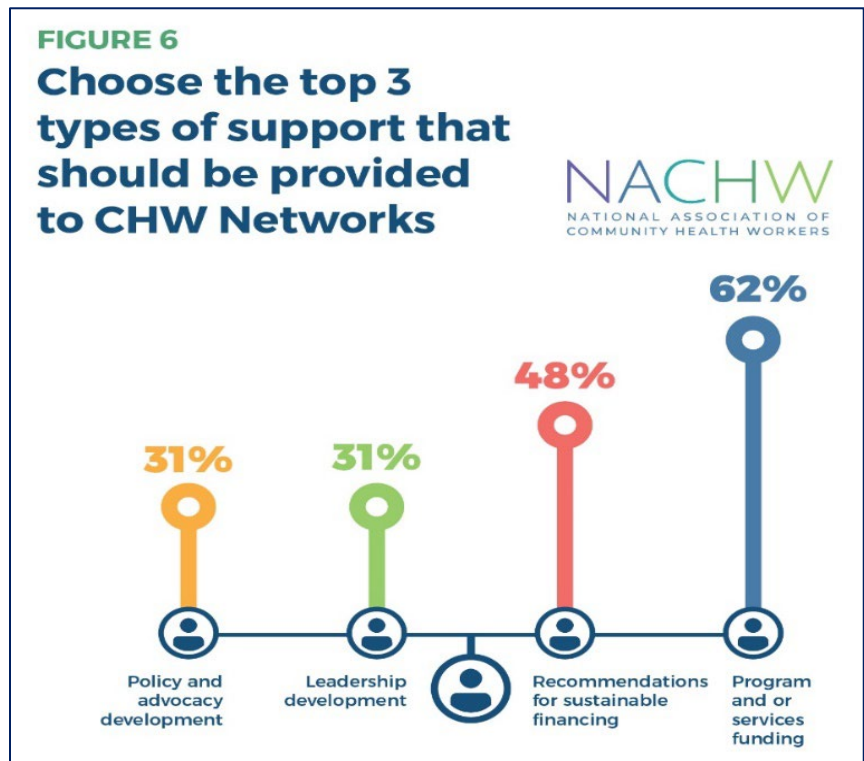


CHW Networks exhibit the understanding of the diversification of funding streams including membership dues. This may be different than many other competing organizations. It is critical for CHW Networks to have multiple streams of funding. CHW Networks are equipped with managing the braiding of such funds.

CHW Networks receive funding for overhead, administrative, and operations (69%) and board development (52%). Less than fifty percent receive

funding for program and/or services funding (41%), policy and advocacy development (38%), and leadership development (38%). Only 38% of funding supports human resources (staff), 34% of funding supports research, evaluation, and/or data collection, and 24% of funding supports communications (website, social media, newsletters).

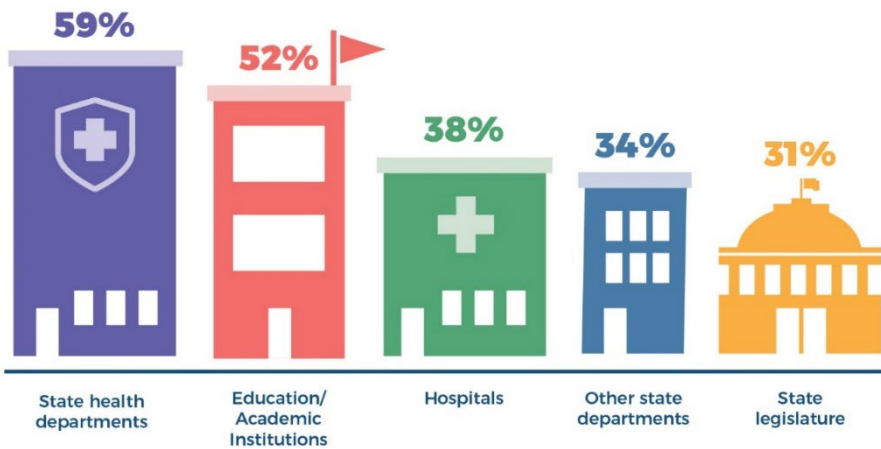
CHW Network respondents were asked to select the top three types of support that should be provided to their Networks. Approximately 62% selected recommendations for sustainable financing, 48% selected program and/or services funding, 31% selected policy and advocacy development, and another 31% selected leadership development. These top priorities emphasize the relevancy for sustainable financing for CHWs as an urgent matter for local, state, and tribal regions.



CHW Network Engagement in Racial Equity and Partnerships

FIGURE 7

Which of the following types of institutions in your state, contact your Network/organization for guidance on policies related to CHWs or racial equity?



CHW Networks confirm that 59% of state health departments and 52% of academic institutions contact them for guidance on policies related to CHWs or racial equity. CHW Networks are contacted by hospitals (38%) and other state departments (34%) for guidance on policies related to CHWs or racial equity.

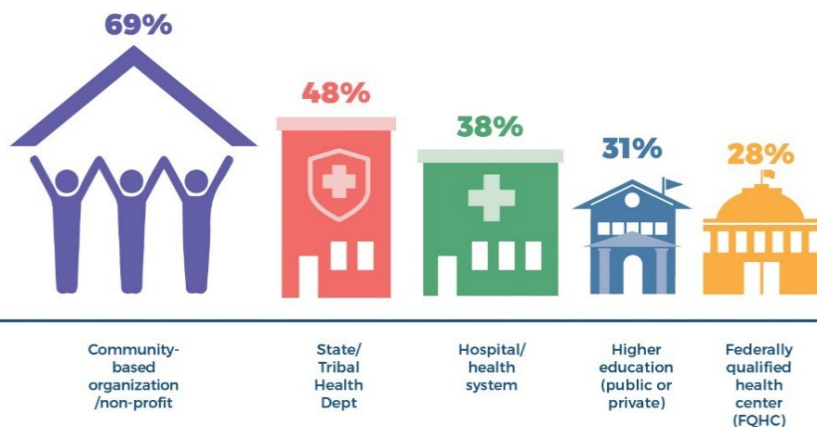
CHW Networks are well positioned as intermediaries and knowledge keepers to support community members. As an infrastructure asset, CHW

Networks convey information to advance policies related to CHWs and racial equity. CHW Networks are positioned to break barriers and ultimately advance racial equity through multifaceted structures of policy, systems support, and technical assistance.

The top five organizations that CHW Network leaders have partnered with to accomplish their work included community-based organizations (69%), state and tribal health departments (48%), hospital health systems (38%), higher education (31%), and federally qualified health centers (28%). These well-resourced health and public health systems and sectors represent significant potential partners with Networks to braid diverse funding mechanisms for sustainability.

FIGURE 8

In the last year, the top 5 organizations/sectors I have partnered with to accomplish my work as a CHW are:



CHW Network Technical Assistance, Trainings, and Direct Services to Members and Partners

We selected the top five responses regarding activities that CHW Networks do in this snapshot survey. Of the sixteen options, over 69% of CHW Networks share community resources with CHWs, 66% conduct policy and advocacy activities, 66% share job opportunities with CHWs, 66% hold annual conferences or other CHW convenings, and 59% of the CHW Networks share self-care resources with CHWs.

Two-thirds or 66% of CHW Networks selected policy & advocacy as a top five activity. Nearly six in every ten (59%) CHW Networks provide self-care resources with Community Health Workers.

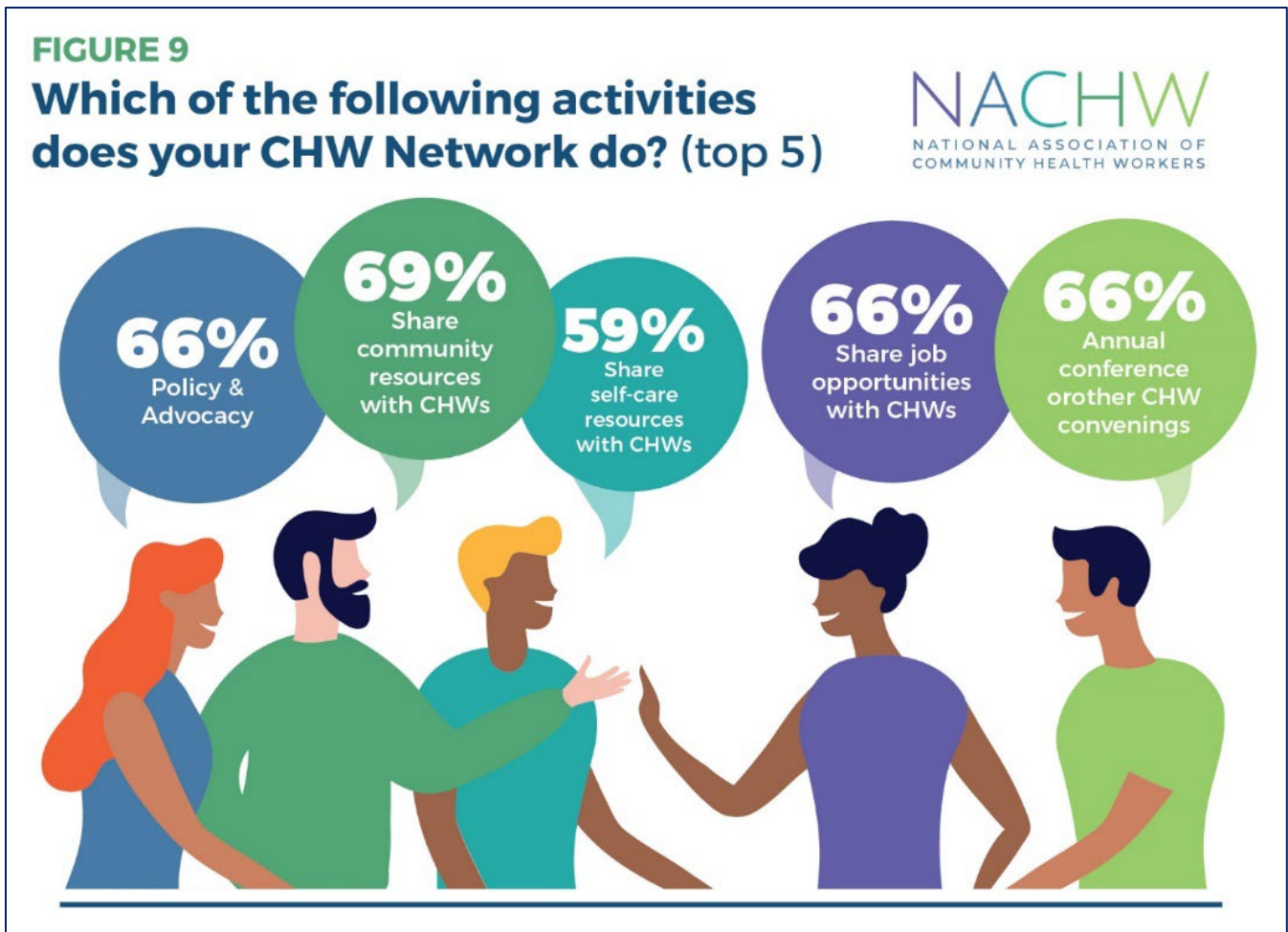
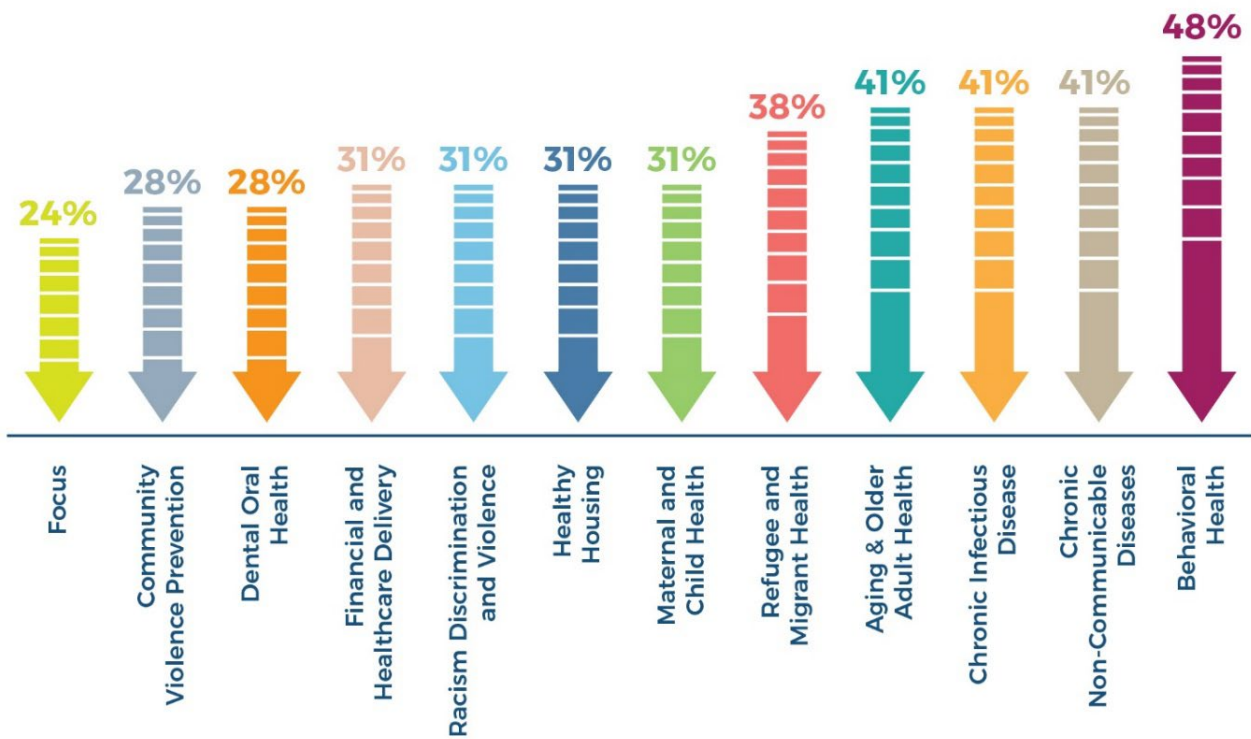


FIGURE 10

Please share if your network/ organization has a specific focus on the following areas (select all that apply)

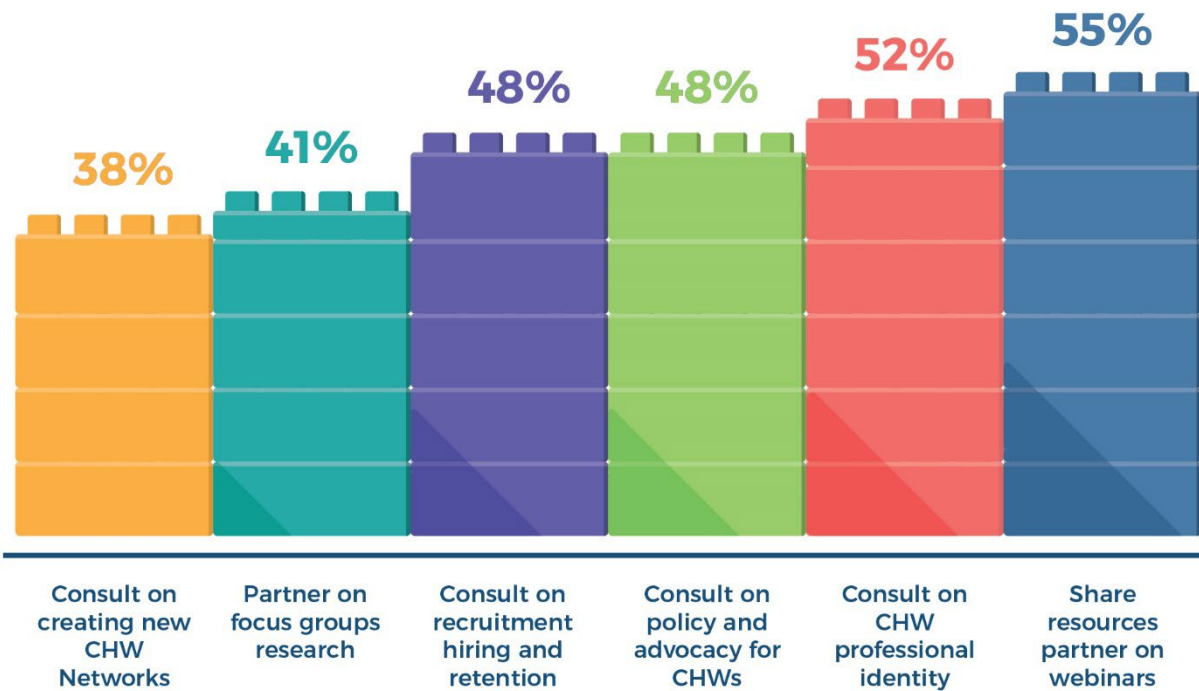


Survey findings across the 29 CHW Networks in this survey show that nearly 48% focus on behavioral health, 41% of Networks focus on chronic non-communicable diseases and chronic infections respectively, 41% of CHW Networks connect with aging and older adult health, 38% of CHW Networks focus on health among refugee and migrants, and 31% of CHWs in Networks focus on maternal and child health. CHW Networks have multifaceted health areas and have the potential to be health hubs for health specializations delivering services, facilitating training, or other guidance based on the lived experience and [multiple trainings](#)¹.

¹ National Association of Community Health Workers. "Career Gateways, Requirements, Pathways, and Barriers." *NACHW*, Sept. 2022, nachw.org/wp-content/uploads/2023/06/CHW_career.pdf.

FIGURE 11

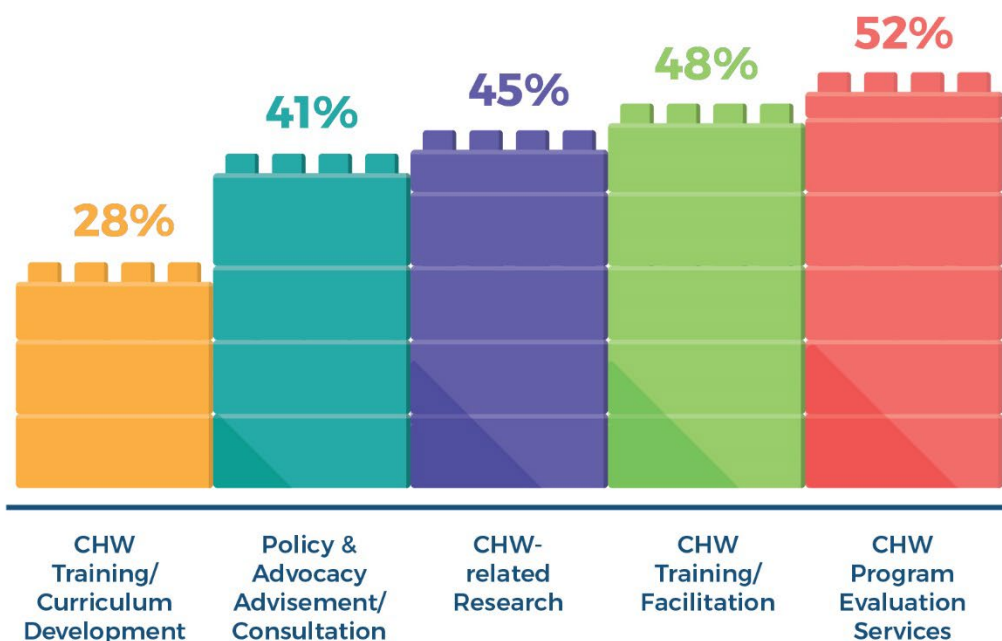
**How would your Network/
Organization like to provide the
following technical assistance to
partner organizations?**



Most of the CHW Networks report readiness to provide a variety of technical assistance services such as to share resources to partners on webinars (55%), consult on CHW professional identity (52%), consult on recruitment, hiring, and retention of CHWs (48%), and provide consultation on policy and advocacy for CHWs. Four out of ten, or 41% of, CHW Networks are ready to partner on focus groups research. Another 38% of CHW Networks want to consult on creating new CHW Networks and associations in the state or local regions.

FIGURE 12

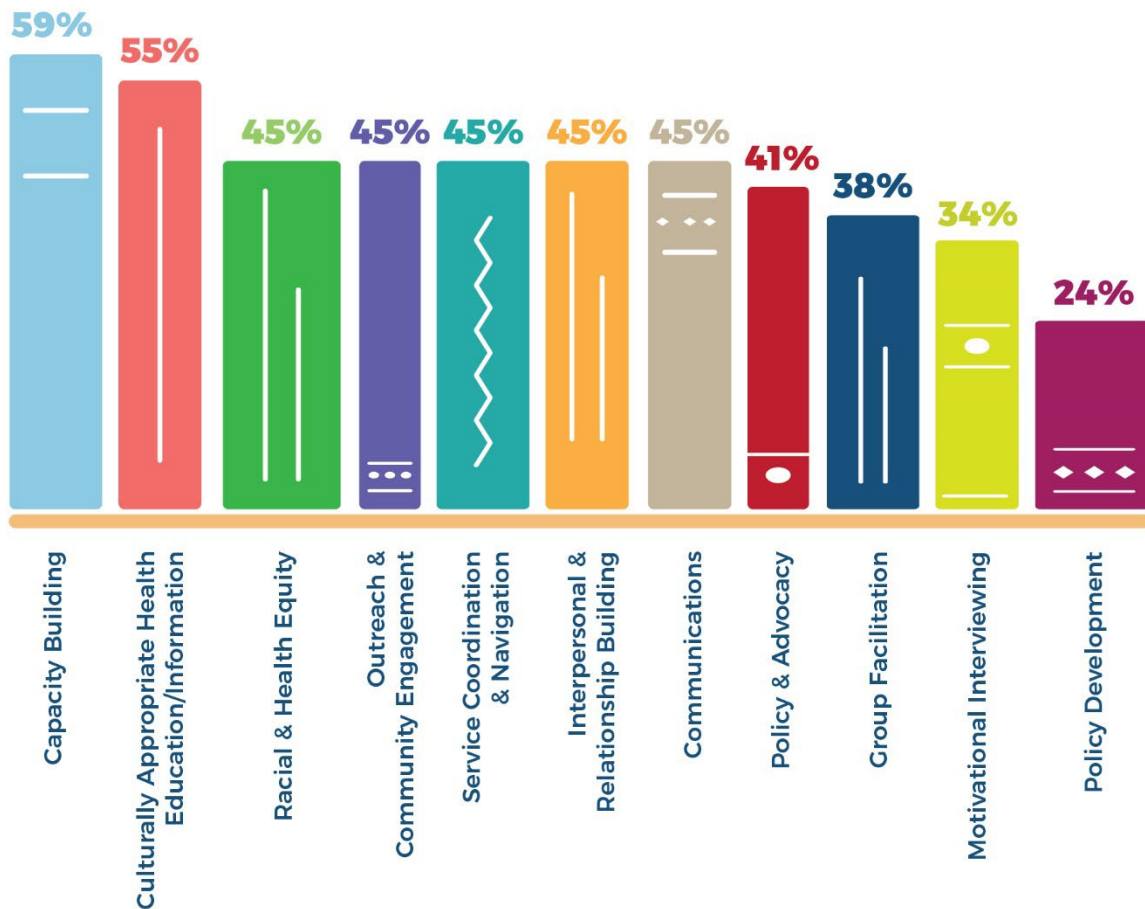
Please describe the kinds of technical assistance services this organization currently provides to state or local organizations (Check all that apply)



CHW Networks provide the following technical assistance services to state or local organizations such as CHW training-curriculum development (52%) and policy & advocacy advisement/consultation (48%). Just under half of CHW Networks (45%), provide CHW-related research technical assistance, and 41% provide CHW training and facilitation services. Twenty-eight percent of CHW Networks provide expertise in CHW program evaluation services. Other technical assistance (17%) from CHW Networks includes CHW hiring, training, and evaluation topics, CHW certifications and customized technical assistance.

FIGURE 13

Our Organization offers the following training (Check all that apply)



CHW Networks offer diverse training expertise. Fifty-nine percent (59%) of CHW Networks provide capacity building, and 55% of Networks provide culturally appropriate health education and information. Forty-five percent of CHW Networks (45%) provide racial & health equity training, outreach & community engagement training, service coordination and navigation training, interpersonal & relationship building, and communications training, respectively. Thirty-eight percent (38%) CHW Networks provide policy and advocacy training and just motivational interviewing. Twenty-four percent (24%) of CHW Networks provide policy development training. T CHW Networks provide evaluation and research training (21%), project management (21%), budget finance (17%), grant writing (17%), and individual and community assessment (17%).

Special Thanks to Local, State, and Regional CHW Networks

We thank the first CHW Networks that completed the 2023 National CHW Network Survey. In subsequent years, NACHW will re-release this survey and we look forward to additional CHW Networks' participation. To identify a CHW Network or Association in your community, state or region, please click here to view NACHW's [CHW Networks listing](#).

About NACHW

The National Association of Community Health Workers (NACHW) was founded in April 2019 after years of planning and organizing by Community Health Workers, Promotoras, Community Health Representatives from Tribes and cross-sector allies. NACHW is a sponsored program of Health Resources in Action (HRiA).

NACHW is the national voice for Community Health Workers (CHWs). A member-driven organization, NACHW's mission is to unify CHWs across geography, ethnicity, sector, and experience to support communities in achieving health, equity, and social justice. NACHW supports CHWs (including Community Health Representatives (CHRs), Promotoras(es), and more than ninety-five workforce titles). NACHW's over 4050 members hail from all fifty states and includes over two dozen Indigenous tribal nations and a growing number of U.S. territories and Freely Associated States. NACHW has over 8,000 people on our national email listserv and over 15,000 in our COVID listserv.

NACHW cultivates and amplifies CHW professional identity, policy leadership and CHW Network capacity; centers racial equity, social justice, diversity and inclusion in our values and work; and promotes policies that respect, protect and authentically partner with CHWs and their Networks. We disseminate best practice from the workforce through playbooks, tools, webinars and collect data on CHW workforce trends, experiences, skills, and opportunities. We are building a national feedback loop (database, communications, engagement) to activate members for future pandemic response and resiliency.

NACHW is the only national professional organization, led by CHWs in the Executive and Board positions, who deeply understand the CHW profession and its history, and who have developed major CHW led initiatives, including authoring seminal national research and workforce studies, the creation of a DOL classification for CHWs, created the APHA CHW Section, articulated core competencies, and launched dozens of state associations. Our north star is CHW self-determination, actualization, and sustainability. Our skills and capacity to ignite national discussion and advocacy, inform federal, state and employer policies, and establish strategic partnerships to address CHW workforce challenges, emanate from our authentic participatory approach, expertise in organizing, and amplification of CHW leadership. NACHW's board represents the diversity of the CHW field, in order to elevate the work of CHWs in leadership.

About Community Health Workers

CHWs are defined as a “frontline public health workforce” who have participated in the formal U.S. health system since the [1950s](#) and have served in interventions to “address health outcomes, reduce cost and bridge disparities” (Community Health Workers summary evidence, [2020](#)).

However, CHWs history, documented [before](#) and [during](#) U.S. [colonization](#) and [enslavement](#) and identities are not well understood. NACHW has documented [diverse identities](#) within the Community Health Worker profession as being inclusive of Promotoras/es, Community Health Representatives from tribal nations, Aunties/Uncles within AAPI and Native Hawaiian populations, Peers, Outreach Workers, and at least 90 other [titles](#) across the [U.S.](#)) CHWs are predominantly female and persons of color, disproportionately [affected by inequities](#), often [experiencing](#) many of the same disparities to the [social determinants of health](#) and healthcare with the marginalized communities where they live and serve.

Additional Resources to Authentically Engage with CHW Networks

- [Recommendations and Resources for Public Health Departments Contracting with Community Based Organizations \(CBOs\) and Community Health Worker Networks](#)
- [Advancing CHW Engagement in COVID-19 Response Strategies A Playbook for Local Health Department Strategies in the United States from the Community Based Workforce Alliance \(CBWA\)](#)
- [NACHW National Policy Platform](#)
- [Principles and Strategies to Develop an Equitable Community Health Worker Workforce Study](#)