

Strengthening Public Health with *Community Health Workers*



A Letter to Our Readers

In virtually every community in our country, it is often the work of a Community Health Worker (CHW) that unlocks the potential for a child, a family, a senior, a farmworker, and millions of others, to access a healthy life.

This tool isn't meant to be another generalized, awareness-raising gesture for CHWs. It's meant to spotlight where CHWs are effectively integrated into their communities while being paid in sustainable ways so these models can continue to be funded and expanded.

Our teams at Sanofi, NationSwell, Atlas Clarity, and the National Association of CHWs (NACHW) saw a gap, a story to tell. We embarked on a collaborative journey to seek these models of CHW partnership and integration, with our differing perspectives and burning questions.

We asked: What works in communities? What works for CHWs? How might funders, partners, and governments—each of us—better support CHWs while also honoring the self-determination of this unique workforce? And we curated our findings, with replicable examples and insights to build on.

In this report, we've laid out what we heard and what we believe are some of the best actions you can take for improved community health powered by CHWs who are sustainably paid for their work, and we're looking forward to using this tool as a springboard for discussion across sectors.

Appreciation to all CHW and non-CHW contributors for sharing their knowledge and stories.

We do hope you'll find value.

P.S. If you're new to understanding the critical work of CHWs, check out the [supplementary PDE](#) for definitions, ROI, research links, and more.



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In Their **Own** Words



Leticia Boughton Price, CHW, MSW

Co-Executive Director,
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Leticia Boughton Price was acting as a CHW before she realized what they were. As a child, she had suffered from severe asthma, living with wheezing and hospital visits. But, she learned to manage it and thrive.

“I was a very active child, playing football and other sports, despite my asthma,” said Leticia. “As I got older, I answered the call to help other youth affected by asthma. Out of my own experience learning how to live without restrictions while coping with asthma, I ended up helping people in my community, like at my church. I incorporated health education into that space by talking about asthma, diabetes, and nutrition.”

Through those experiences, she was exposed to the Chicago CHW local network, and ended up becoming the Board Chair, kicking off a long career in advocacy for more recognition, growth, and sustainability for the CHW workforce in Illinois and across the country.

“We started working with a community college to integrate a CHW curriculum,” recalled Leticia. “After the Affordable Care Act was passed, funding was created for new titles—like insurance navigators. Seeing this development fueled my energy for policy change, because I saw how new funding streams can support the existing work of CHWs.”

Leticia’s advocacy efforts continued, which resulted in a few historical pieces of legislation passed in Illinois. The most recent legislation established the first CHW certification program and full Medicaid reimbursement for CHW’s work across the state, which should go into practice in 2026. But, Leticia is clear that this legislation alone will not suffice and additional long-term solutions are needed.

This experience informs Leticia’s clear advice to community health funders: “Reach out to your CHW state networks. Every statewide associations or networks and partner with them to grow and sustain the CHW workforce in your state. Most states have a CHW network or association that you can connect with to understand and support CHWs. Pay CHWs for our expertise and time.”

It’s as simple as that: pay CHWs equitable wages plus benefits, when applicable, for their expertise and time. Sadly, this often does not happen, and CHW state networks or associations play a vital role in advocating for CHWs in their battle to be recognized and well-compensated. For months, a local CHW worked unpaid, attending weekly calls with her employer—only after she called The Illinois CHW Association in tears for help did she receive her first paycheck.

Leticia will continue to support CHWs and the workforce ecosystem and advocate for solutions and policies that grow and sustain the workforce locally and nationally. “Everybody wants the same thing,” she said, “to live and work and play in places that are healthy and safe.”

“Medicaid reimbursement is not going to serve as the be-all and end-all for CHWs to be paid and survive. There’s an urgent need for more long-term solutions.”

How CHWs Drive Public Health Impact



CHWs help close the major gap in *primary care coverage*

More than 76 million Americans live in a Health Professional Shortage Area and there is a gap of over 13,000 practitioners to serve communities. The 2024 National Center for Health Workforce Analysis report predicts the gap will widen to a shortage of more than 87,000 full-time primary care physicians by 2037, with disproportionate impact on rural communities.

CHWs are essential to solving *"care deserts"* in rural communities

Ninety percent of counties in the U.S. with the highest food insecurity rates are rural, which represent nearly two-thirds of the areas with primary care health professional shortages in the country.

CHWs help communities face escalating *public health challenges*

Cross-country epidemics and pandemics—like the COVID-19 pandemic—are more frequent. Of the 10 years with the most natural disasters, nine were in the last decade. CHWs are relied upon when public health disasters strike and are a lifeline to our increasingly aging population.

CHWs are critical to addressing increases in chronic and infectious *respiratory diseases*

Cases of chronic and infectious respiratory diseases such as asthma and Chronic Obstructive Pulmonary Disease are increasing across the United States, and increasing the risk of fatal diseases, including lung cancer. CHWs help communities understand their risks, how to protect their health and prevent disease, and how to access support and care to reduce disease progression.

CHWs are trusted by many who increasingly *distrust* the medical system

Only 36% of U.S. adults say they have a great deal of confidence in the medical system, compared with 80% of adults in 1975, leading to lower adherence to medical instructions and medication and poor relationships between patients and healthcare providers. Through authentic relationships and shared experiences, CHWs serve as a trusted alternative that can overcome practical and social barriers. CHWs are proven to improve access, uptake, delivery, and quality of clinical, behavioral, and social services.

CHWs support people *most impacted* by funding cuts

Seventy million Americans rely on Medicaid and/or Medicare providing essential health coverage to children, seniors, people with disabilities, and low-wage workers. Budget cuts to healthcare, food, housing, mental health, and other social services are a constant threat, jeopardizing the social safety net and health outcomes of communities.



How CHWs Drive Public Health Impact

In Their *Own* Words



Felipe Flores

Director, Community Health Workers / Promotoras,
San Francisco Community Clinic Consortium

Felipe Flores lives in the Bay Area and has immersed himself in supporting their LGBTQIA+ community, with a particular focus on HIV and AIDS. Around the time they graduated from UC Berkeley, medication to help reduce risk of contracting HIV was newly approved, but Felipe realized that few of their peers knew about it or were using it, and they were determined to raise awareness through their work as a CHW.

“I started to spread the word in clubs, sharing resources,” Felipe said.

“I wanted to make sure people knew that this was covered by Medicaid. Historically, a lot of Black and Brown people don’t trust new medicines because they don’t want to continue to serve as guinea pigs for the healthcare system. As a CHW, my role was to speak the same language as communities who didn’t have awareness or access to medicines to reduce the risk of contracting HIV—you don’t get a lot of Spanish speakers in this movement. I could mobilize our community to access healthcare services by providing trusted information.”

Felipe is now the director of a team of CHWs across a twelve-clinic consortium in San Francisco. As the program lead, Felipe is able to see the impact CHWs have on the community everyday. In Felipe’s experience, the most important part of healthcare is behavior changes to ensure people actually go to the doctor, follow medical advice, and stay healthy.

“Most of healthcare is social; anything that can be prevented has a social component to it. And CHWs can prevent many social barriers to care,” said Felipe.

“CHWs see barriers that lead up to a visit, like transportation, language differences, misunderstandings, caregiving responsibilities, or work conflicts. CHWs do the follow-ups to make sure people get their medicine, understand it, and take it. Without CHWs, the effort can be a waste due to preventable circumstances. Motivational interviewing training is increasing in demand with it’s effectiveness, and that style of interviewing is core to CHW training.”

“CHWs are the ones that see all the things leading up to a visit.”

Funding for the CHW program continues to be an issue despite the obvious positive results. Felipe’s team is funded by a philanthropic donor, which gives them freedom, but not certainty.

“I was able to work with each clinic to figure out how CHWs could be integrated into community care plans—whether it’s outreach, wraparound services on legal or housing support, or a social program,” said Felipe. But the community health centers (CHCs) who hire CHWs have their own sustainability concerns. “The challenging part is that a lot of CHCs see CHWs as a luxury, and if there isn’t a grant, they think they don’t need CHWs or they will move them to a different role.”

Despite the uncertainty, Felipe is committed to keeping the program for their community. “The big blessing is that CHWs keep CHCs connected to their roots,” Felipe said. “We stand for and by our communities. CHWs allow us to hold responsibility and accountability to them.”

Integrating CHWs into Public Health:

Programs making an impact



Note: This list reveals a diverse range of highly effective examples, or models, across the U.S. It is important to note that CHWs are a self-determined workforce with a wide variety of skills that have been outlined in The Journal of Ambulatory Care Management.



Addressing wellbeing for communities in affordable housing

In 2021, NeighborWorks America launched the Community Health Worker Learning Lab to provide support for their network organizations to launch and expand CHW models to support their communities.

Note: There is also publicly funded CHW support built into housing schemes e.g., Harlem Health Advocacy Partners—a free New York City program that aims to improve the health and wellbeing of public housing residents in East and Central Harlem.

Where: In every U.S. state, Washington, D.C., and Puerto Rico



Outreach programs operated by a network of CHCs

What: Hawai'i Street Medicine Outreach program, operated out of the Hawai'i Island Community Health Center, provides outreach, healthcare navigation, and wound care to unhoused community members on Hawai'i Island.

Where: Locations across O'ahu, Hawai'i



Core team members of a local community-based organization

What: Brookings Core Response provides CHW resource navigation to assist with needs like healthcare, income, documentation and identification, food, and transportation.

Where: Brookings, Curry County, Oregon



Employed by for-profit primary care groups, in partnership with health insurers

What: Cityblock is a local primary care provider that goes beyond typical care offerings—like setting up checkups and appointments—by supporting members to get groceries or find a place to live. They hire CHWs to provide these hyperlocal, hyperpersonal wraparound wellness services.

Where: Florida, Illinois, Indiana, Massachusetts, New York, North Carolina, Ohio



Built into disease-focused solutions

What: Preventing Chronic Disease released an article, An Emerging Model for Community Health Worker–Based Chronic Care Management for Patients With High Health Care Costs in Rural Appalachia, sharing their model for improving outcomes for high-risk diabetes patients by providing them with ongoing behavioral support and helping decrease health care costs. A majority of patients in the program saw improved health factors within a year of enrollment.

Where: Rural Appalachia



Trained and employed by a hospital / hospital group

What: Northwell Health ‘From the Community, For the Community’ program trains job seekers from communities with health disparities and connects them with entry-level healthcare and social service positions, such as CHWs.

Where: New York



Integrated training within a center of excellence e.g., pediatrics

What: The Center for Family Navigation and Community Health Promotion at Boston Medical Center is a platform within their Pediatrics department to encourage family-centered interventions delivered by family navigators.

Where: Massachusetts

For more insight into what’s working, see the NACHW What Works Toolkit Series

In Their **Own** Words



**Floribella
Redondo-Martinez**

Co-Founder & CEO,
Arizona CHW Association



Floribella Redondo-Martinez began her journey as a Promotora—also known as a “CHW”—in the early 1990s, educating her farmworker peers on HIV and STDs in Arizona and California.

Working in the fields, Floribella was in a unique position to offer support to her fellow farm workers. The more she learned, the more Floribella saw the power of sharing health information with her community. As someone with shared language and experience, she had an immense opportunity to influence and build trust with her community.

“Many of my peers weren’t aware of a clinic they could access, even without insurance,” says Floribella. “Being from the community I knew all the services that they could access, and I’m bilingual so I could translate for the foreman when inspectors came. Education gives you knowledge and that knowledge cannot stay with you, it needs to be shared with others.”

Floribella went on to become the Co-Founder and Chief Executive Officer of the Arizona CHW Association, a Co-Chair of the Arizona CHW Coalition, Co-Founder of the National Association of Community Health Workers, and developed the CHW Certificate Program for Arizona Western College, where she taught as adjunct faculty, and she is a core member of National Council on CHW Core Consensus Standards (C3 Project), among other roles. Her career progress has revealed the important role that CHWs play in connecting the dots at a local, state, and national level—bridging the gap between high-level policy and community needs.

“We provide the bridge and improve health everywhere we work.”

In 2016, Floribella led the CHW Voluntary Certification, which ultimately became state law in 2018. She has been collaborating with CHWs and ally leaders in building a path for CHW sustainability in Arizona.

“We have built a strong collaboration with CHW community-based organizations and the Medicaid system to work on reimbursements. This is just a component of the many strategies that we will need to build, but we are closer to a sustainable path of CHWs. Recently, we coordinated with community organizations, health systems, health plans, and federally-qualified health centers to ensure that we all are speaking the same language with a focus on sustaining and improving the health of the communities we serve,” said Floribella.

Ultimately, Floribella is confident and hopeful. “We provide a bridge between the medical system and the community. We sustain and improve the health of the individuals everywhere we work,” she said. “In every state where CHWs are present, we are building and changing systems, saving money, and transforming lives.”

What You Can Do to Build Healthier Communities with CHWs

Integrate CHWs with more stable, sustained funding. Support—but go beyond—Medicaid reimbursement.

1 Partner with your local & state CHW Networks and Associations to advance public health

CHW Networks are effective partners to connect with CHWs where you are and integrate their expertise into public health solutions. CHW Networks are delivering valuable guidance for policy development to health departments, education institutions, hospitals and state legislatures. There are over 80 CHW Networks across the U.S., including associations, networks, and coalitions comprising of 50% or more of CHWs in leadership and membership. Their mission and activities focus on technical assistance such as training and curriculum development, policy and advocacy, research, member mobilization, cross-sector networking, and program evaluation services.

CHW Networks act as intermediaries and knowledge keepers to support community members and health systems and collaborate with community-based organizations, state/tribal health departments, health systems, and federally qualified health centers to advance public health. Through sustainable funding, CHW Networks can invest in additional capacity building, technical assistance, and professional development resources, making an exponential impact on public health. Their top health focus areas include behavioral health, chronic non-communicable diseases, chronic infectious disease, aging and older adult health, and migrant and refugee health.

2 Create full-time roles for CHWs and design them informed by CHW expertise

Support partnerships between CHW Networks and CHW employers—e.g. hospital systems and CHCs—to improve recruitment, hiring and practice integration of CHWs into care teams in a way that fully optimizes CHWs' roles, leadership and trust. Work with local health providers. Listen to CHWs to understand the models that fully optimize their value, and put those models into action.

3 Integrate CHWs into community engagement and care solutions as paid consultants / service providers

1. Explore models that incorporate CHWs into community solutions offered by companies, universities, grocery, and other community retail.

For example: Culture Care Collective is a care coordination solution focused on identifying and addressing health-related social needs for everyday people, with a team of CHWs. They have been working on college campuses to connect students to resources they need.

2. If you are designing community initiatives and need local expertise, partner with CHWs to do so. Hire them for their advisory expertise to get it right, and ensure they are fairly paid for their knowledge, influence, robust networks, and trusted services.

4 Support NACHW to provide national support for CHWs in the United States

NACHW brings CHWs in the U.S. together in unprecedented numbers for shared learning, support, and advocacy. As a national voice unifying CHWs across 50 states, 16 U.S. territories and freely associated states, and over 35 tribal nations, sustained support for NACHW is critical for amplifying CHW professional identity, best practices, and policy leadership nationally.

1. Advance professional development for CHWs

Invest in professional development programs that build capacity for CHWs as public health leaders and provide them with the recognition they deserve for the training they receive.

2. Advocate for CHW-centered policy and systems improvement

Advocate for policies that advance flexible and value-based health care coverage.

a. **Support a shift to “value-based” care systems at a state-level** (vs. “fee for service”), because it promotes better care for individual patients and improved health outcomes for communities at reduced costs.

For example: The Center for Medicare and Medicaid Services supports “Accountable Care Organizations” i.e. groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to the Medicare patients they serve, e.g., Vermont All Payer ACO Model

b. **Support increased state-level use of Medicaid 1115 waivers and other state health system reforms** that allow for easy reimbursement of CHW work.

c. **Support the CHW Access Act** and other healthcare reform to build alternative payment structures for CHWs:

i. **Federal example:** CHW Access Act

ii. **State example:** Massachusetts—An Act Relative to Health Equity and CHWs

d. **Urge state, federal, and tribal governments along with private insurers to provide direct reimbursement for CHW services** (preferably through a value-based care payment model) as an integral part of the Medicare, Medicaid, SCHIP, and tribal health programs (APHA, 2009)

5 Invest in research on the impact of CHWs on disease-specific outcomes

The more specific evidence we have for CHWs’ impact on health outcomes, the more CHWs’ roles will be recognized and secure. Work with organizations like the CHW Center for Research and Evaluation to advance their studies on disease-specific outcomes, ROI of CHW programs, and best practice learnings.

Get in Touch

Are you working with CHWs or exploring the value of CHWs in your work?

Are you a CHW who can share an example of sustainable funding models that others can learn from?

We'd love to hear from you.

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Thanks

This report was created with the generous collaboration and participation of numerous experts and partners:

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