



RECOMMENDATIONS ON THE

Role and Future Directions of Community Health Workers in the Public Health Workforce

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National Coordinating
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BACKGROUND AND PURPOSE

The COVID-19 pandemic has exposed the major weaknesses and shortcomings of our public health infrastructure, including a workforce that has been underfunded, undervalued, and unprepared to respond to a public health emergency of this scale.

In responding to this crisis the public health workforce has been harassed and beleaguered to the point that many public health practitioners are leaving agencies due to the politicization and polarization of public health, burnout, and low pay. In the meantime, public health and health care systems continue to struggle with addressing health inequities and ensuring equitable access to COVID-19 information, services, and vaccinations for communities of color.

As we grapple with the complex challenges of radical changes to our public health workforce and ongoing inequities faced by the communities of color being served, the opportunity exists for dramatically rethinking the nature of our nation's public health workforce of the future. This report suggests one critical resource for a reimagined public health workforce—community health worker (CHWs). CHWs are a community-centric, culturally-competent workforce that bridges public health, health care, and the community by addressing the root causes of health inequities and meeting people where they are and how they think.

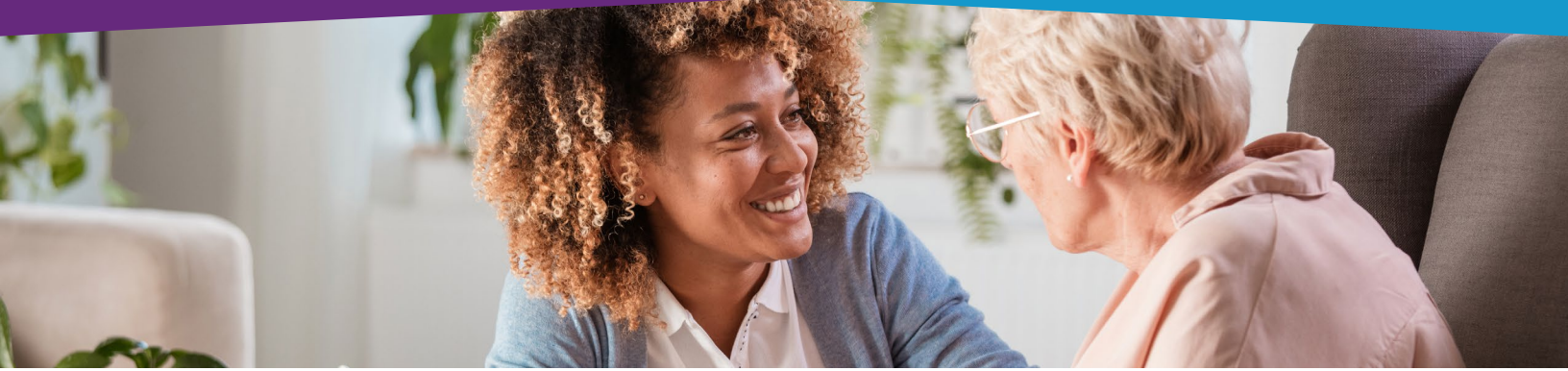
The National Network of Public Health Institutes (NNPHI) organizes an active network of 45-member public health institutes and ten university-based training centers with the shared mission to support improvement in public health systems, structures, and

outcomes. In the spring of 2020, NNPHI convened several workgroups to address emerging issues in response to COVID-19. The Workforce Development COVID-19 Workgroup (Workgroup) brought together experts from public health institutes spanning Maine to Hawaii with a shared interest in supporting and elevating the role of community health workers (CHWs) in the pandemic response and recovery.

The Workgroup developed this report, after exploring the roles and functions of CHWs before and during the pandemic, and proposed a series of recommendations for research, policy, and practice. These recommendations are informed by a literature review and interviews with CHWs, employers of CHWs, and associations that serve CHWs. This report is intended to be used in advocacy efforts by and for CHWs and their supporting organizations to articulate the value of and make a case for investment in CHWs as public health leaders, community liaisons, health equity champions, and essential members of the public health workforce.



REVIEW OF EXISTING LITERATURE ON COMMUNITY HEALTH WORKERS



CHWs are a bridge between the community and the health care system, playing a critical role in advocating on behalf of community residents and patients.¹ Common roles of CHWs include serving as cultural mediators between patients and systems of care and providing culturally-appropriate health education, information, or direct services.² They are particularly known for promoting health equity, including addressing social determinants of health and helping improve health outcomes for chronic diseases through education and outreach efforts.^{3,4} Historically, CHWs have played (and continue to play) an important role in the prevention of heart disease and stroke, hypertension management, diabetes self-management, cancer screenings and services, cancer navigation, and asthma control.⁵

On March 19, 2020, the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency issued a memorandum on identification of workers during the COVID-19 pandemic and included CHWs in the list of "essential critical infrastructure workers who are imperative during the response to the COVID-19 emergency for both public health and safety as well as community well-being."⁶ With this designation, CHWs had the potential to be effectively utilized in all aspects of the pandemic — education, assisting with social service needs, providing emotional support to their community, and contact tracing. However, a poll by the National Association of Community Health Workers (NACHW) revealed that instead of mobilizing CHWs in the first few months of the pandemic, employers in many states opted to lay them off.⁷ For those who remained on the job, some experienced increased responsibility in their roles due to COVID-19, while others' responsibilities remained the same.

¹ Peretz PJ, Islam N, Matiz LA. Community Health Workers and Covid-19 - Addressing Social Determinants of Health in Times of Crisis and Beyond. *N Engl J Med.* 2020; 383:e108.

² Rosenthal E, Rush C, Allen C. Understanding Scope and Competencies: A Contemporary Look at the United State Community Health Worker field. Houston, TX: Project on CHW Policy & Practice, University of Texas-Houston School of Public Health, Institute for Health Policy; 2016. pp. 1–43.

³ Kangovi S, Mitra N, Grande D, Long JA, Asch DA. Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment. *Health Affairs.* 2020; 39:207-213

⁴ Brownstein JN, Bone LR, Dennison CR, Hill MN, Kim MT, Levine DM. Community health workers as interventionists in the prevention and control of heart disease and stroke. *Am J Prev Med.* 2005; 29(5 Suppl 1):128–133.

⁵ Stuppelbeen DA, Sentell TL, Pirkle CM, et al. Community Health Workers in Action: Community-Clinical Linkages for Diabetes Prevention and Hypertension Management at 3 Community Health Centers. *Hawaii J Med Public Health.* 2019; 78:15-22.

⁶ Smith DO, Wennerstrom A. To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers. *Health Affairs Blog,* May 6, 2020. DOI: 10.1377/hblog20200504.336184

⁷ Community-Based Workforce Alliance. Advancing CHW Engagement in COVID-19 Response Strategies: A Playbook for Local Health Department Strategies in the United States. <https://nachw.org/wp-content/uploads/2021/01/CBWA-Advancing-CHW-Engagement-in-COVID-Updated-2021.pdf>

COVID-19 disproportionately affects marginalized communities of color including African Americans, Latinos, and Pacific Islanders.⁸ The Test-To-Care project in San Francisco, California utilized CHWs to provide enhanced clinical support, home deliveries, social support, and primary care linkages to those in the Unidos en Salud program who tested positive for COVID-19.⁹ As of October 2020, CHW teams at New York Presbyterian Hospital and the NYU Grossman School of Medicine have conducted over 9,600 telephone wellness checks and, through these actions, uncovered and took action to address disparities in COVID-19 infections and outcomes, while mitigating

fear and correcting misinformation in disadvantaged communities.¹⁰

Though little has been published on the role of CHWs during the pandemic, examples like these above illustrate some of the ways that CHWs have been utilized in the COVID-19 response and recovery, suggesting that communities that did mobilize their CHWs saw greater benefits and provided an opportunity for 'lessons learned' in regard to the vital role CHWs can play during times of crisis, as well as in addressing ongoing health inequities.

APPROACH AND METHODS

To develop recommendations on the role and future directions of CHWs in the public health workforce, the Workgroup conducted interviews with CHWs (n = 7), employers of CHWs (n = 2), and leaders of associations that serve CHWs (n = 2). Interview questions were collaboratively developed by the Workgroup and reviewed by NACHW leadership. The questions, which varied slightly for CHWs and for CHW employers and association leaders, pertained to the roles of CHWs, CHW-related successes and barriers experienced during the COVID-19 pandemic, and perceived future CHW roles. Interviewees were selected through convenience sampling from geographically diverse regions in the U.S. After compilation, the data collected underwent a thematic analysis to highlight common ideas and patterns from these conversations. The processes for developing interview protocols, outreach procedures, and data collection and analysis collaboratively involved all Workgroup members. The University of Washington Human Subjects Division identified this work as exempt from Human Subjects Review.

⁸ American Medical Association. Impact of COVID-19 on minoritized and marginalized communities. <https://www.ama-assn.org/delivering-care/health-equity/impact-covid-19-minoritized-and-marginalized-communities>

⁹ Kerkhoff AD, Sachdev D, Mizany S, et al. Evaluation of a novel community-based COVID-19 "Test-to-Care" model for low-income populations. *PLoS ONE*. 2020; 15:e0239400.

¹⁰ Peretz PJ, Islam N, Matiz LA. Community Health Workers and Covid-19 - Addressing Social Determinants of Health in Times of Crisis and Beyond. *N Engl J Med*. 2020; 383:e108.

SUMMARY OF FINDINGS

Existing and Emerging New Roles of CHWs

Because CHW roles vary across regions and employers, interview participants were asked to describe their CHW roles within their organization. CHWs described their roles as ones that connect individuals and families to available resources, such as providing access to insurance alternatives and other health and wellness programs in their communities. Some CHWs stated that their roles span a wide range of services, such as mental health services, maternal and child health services, nutrition education, chronic disease management, alcohol and smoking cessation programs, and language translation services. Although the roles of a CHW vary, CHWs consistently reported that their work is deeply embedded in the communities where they live and work.

“The value of the CHW is uncountable and it would be difficult to explain all the work that we do. However, in a few words, I will try to explain it. CHWs are a large workforce and it is the link, the connection, with health providers, with resources and with programs to help their communities. On one hand, we bring best practices to the community and on the other, we bring the voice of the community for policy change and awareness.”

- Community Health Worker interviewee

When COVID-19 reached the United States, interview participants expressed that CHWs began taking on new roles. A majority of the roles were related to the pandemic, such as screening patients for COVID-19,

conducting temperature checks, organizing testing sites, and assisting with testing. CHWs expressed that there was an increase and shift in work to meet the demands of the pandemic and ensure the safety of their patients. While some CHWs continued to work in the community setting, others moved most of their services to virtual or remote support. CHWs relied on sending mailers, calling patients, and conducting virtual health and wellness interventions to connect with their communities. Other roles included CHWs serving as patient navigators, participating in contact tracing and case investigations, developing and reviewing public health messaging, and distributing resources. Despite the increased efforts and responsibilities for most CHWs, there were those who felt that they were being underutilized and that their work was reduced or even eliminated as funding shifted or ended.

Employers’ Successful Strategies and Practices

Many CHWs shared that what makes them successful in their position is their unique ability to connect to the community, to bring humility to health care, and to serve selflessly. In order to develop successful strategies and practices for working with CHWs, employers were interviewed to share their experiences. Employers echoed these characteristics and approaches that CHWs brought to their work and noted the importance of localized hiring and strong communications skills as essential for a successful CHW. One employer stated the following:

“At first, we thought we needed people with clinical backgrounds and had trouble finding applicants, however we soon learned that someone that was well connected in the community and had culturally sensitive communication skills works best.”

- Employer interviewee

Employers expressed that CHWs can be key team players with vast knowledge of health issues, community needs and resources, and other areas. Therefore, employers indicated that it is imperative that employers establish relationships among CHWs at different organizations to provide opportunities for CHWs to share new practices and resources with each other and to create a sense of community within the workforce. Because the roles of CHWs are expansive, increased pay and benefits were described as needed to support the growth and development of the workforce.

CHW's Barriers

CHWs described experiencing several barriers, even prior to the pandemic, that prevented them from reaching their full potential in their workplaces. As part of their role, CHWs would normally help community members with resources and referrals for addressing their financial stresses; yet, CHWs expressed that they experience the same financial stress due to being undercompensated for their work. Along with the financial insecurities, many CHWs expressed that the lack of buy-in on the value-add of CHWs from institutional leadership made it difficult for CHWs to get the support and resources that they need to work effectively. Although the pandemic increased efforts and responsibilities for CHWs, lack of funding and resources to support CHWs continue to be an issue within the workforce. Without the support from their leadership, CHWs expressed that there were insufficient resources for professional development or to cover job-related expenses, such as transportation costs.

CHWs also expressed barriers unique to the pandemic, including difficulties in establishing connections with community members virtually due to the lack of computer/internet access in communities, lack of digital literacy among community members, and/or lack of portable technology for CHWs.

DISCUSSION

The interviews with CHWs, their employers, and associations that serve them reinforced and elaborated on the existing evidence of the current and future roles of CHWs and challenges facing the profession. CHWs are underrecognized members of the existing health care and public health workforces. This is evidenced by their low pay, insufficient resources to do their work, and in many cases losing their jobs even as they were being declared “essential critical infrastructure workers.”¹¹ As the fields of public health and health care move toward centering people of color and marginalized communities to achieve health equity,¹² CHWs themselves should be “centered,” even as they themselves are key to effectively meeting the needs of those who have been marginalized. Focusing on advancing the work and support of CHWs would then require a living wage, and implementing policies and practices to provide resources and support that advance the opportunities for CHW leadership and advocacy.

In some communities, CHWs were fully deployed during COVID-19, while in others they were held back from certain tasks due to training and education requirements. This demonstrates the need for a shared definition of the role of CHWs, as well as licensure and training opportunities for CHWs — suggestions that CHWs raised during interviews. Woven throughout these recommendations below that follow from our interviews and literature review, is the concept of equity. Recognizing and rewarding the value that these ‘essential’ CHWs bring to the communities they serve is a means to promote health equity today, during the COVID-19 pandemic, and for generations to come.

¹¹ Smith DO, Wennerstrom A. To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers. *Health Affairs Blog*, May 6, 2020. DOI: 10.1377/hblog20200504.336184

¹² Evans MK. Health Equity — Are We Finally on the Edge of a New Frontier? *N Engl J Med* 2020; 383:997-999 DOI: 10.1056/NEJMp2005944

RECOMMENDATIONS

Drawing on existing literature and interviews with CHWs, their employers, and associations that serve them, we have developed a series of recommendations for research, policy, and practice.

Recommendations for Research



Recommendation 1.1. *Fund quantitative and qualitative research regarding the return on investment of community health workers and community-centered health care delivery models.*

Funding for such research is necessary to effectively provide evidence-based practices that can deliver cost-effective community-center health care interventions. Kangovi et al. (2020) provides the first known economic analysis of a health systems-based CHW intervention for adults, using a randomized controlled trial.¹³ Kangovi et al. (2020) found that the IMPaCT intervention delivered by CHWs saved Medicaid \$1,401,307.99 and yielded a return of \$2.47 for every dollar invested within a single fiscal year. To strengthen the buy-in from leadership for CHWs, increased funding for research is needed to provide more evidence on the return on investment of the community health workers and community-centered health care delivery models.

Recommendation 1.2. *Establish research partnerships with community health workers.*

CHWs' partnership and assistance are imperative for the success of research in communities as CHWs understand the socio-economic and cultural factors that may influence the engagement and participation of the individuals within the communities.¹⁴ CHWs are, thus, valuable members of research teams and can help assure meaningful, effective, ethical, and accurate research is conducted that advances health equity in their community.¹⁵



¹³ Kangovi, S., Mitra, N., Grande, D., Long, J.A., and Asch, D.A. (2020) Evidence-Based Community Health Worker Program Addresses Unmet Social Needs and Generate Positive Return on Investment. *Health Affairs*, 39(2), 207-213. doi: 10.1377/hlthaff.2019.00981

¹⁴ Urban, K. (2020 August 26). *To Improve Research in Underserved Communities, Train Community Health Workers*. Michigan Health Lab. <https://labblog.uofmhealth.org/industry-dx/to-improve-research-underserved-communities-train-community-health-workers>

¹⁵ Ibid.



Recommendation 2.1. *Review well-established definitions (e.g., provided by the American Public Health Association) of community health workers and encourage states to adopt and adapt it for their states' needs.*

The COVID-19 pandemic can serve as a transformation catalyst, integrating CHWs into evolving health care systems. CHWs can be a critical part of a health team by enhancing access to community-based services and addressing social determinants of health that other providers may not have the expertise, time, or resources to address. However, states' definitions for a CHW vary. While in some cases CHWs perform a wide range of tasks that can be preventive, curative, and/or developmental, in other cases CHWs are appointed for very specific interventions.¹⁶ The establishment and use of a consistent definition,¹⁷ standards for training, and the groundwork for health insurance reimbursement for CHW services can help establish a professional identity, generate cohesion among CHWs, and increase their pay and benefits.¹⁸

Several organizations have established a definition of a CHW. For example, the CHW Section of the American Public Health Association (APHA) defines a CHW as a “frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community being served.” This APHA definition can be used as a blueprint for the development of a standardized definition and other further standards desired by CHWs.¹⁹

Recommendation 2.2. *Establish a credentialing/licensure of community health workers as a health profession.*

An emerging mechanism for CHW standardization is state certification or credentialing. This is present in several states and underway in others, however, there is great variability in the number of hours required for classroom study or job mentoring or a combination of both. For example, Florida requires 30 hours of training for certification and Texas requires 160 hours.²⁰ For CHWs themselves, certification could lead to career advancement opportunities and can improve employment stability.²¹ Payers may see certification as a way to guarantee a standard skillset and knowledge base for CHWs, and states may view it as an opportunity to bring consistency to a growing area of the health care workforce and increase funding for services.^{22,23,24}

States who wish to explore opportunities to enhance the role of CHWs through certification can learn from the states already engaged in this work. For example, at least three states – Ohio, Oregon, and Texas – have developed regulatory mechanisms and Massachusetts has a statutory framework governing the CHW profession. Also, at least three states – Alaska, Minnesota, and New Mexico – provide Medicaid reimbursement for CHW services.²³

¹⁶ World Health Organization. “Community Health Workers: What Do We Know About Them?” Available at https://www.who.int/hrh/documents/community_health_workers.pdf

¹⁷ Centers for Disease Control and Prevention. “States Implementing Community Health Worker Strategies.” Available at https://www.cdc.gov/dhdsr/programs/spha/docs/1305_ta_guide_chws.pdf

¹⁸ Cacal SL, Spock N, Quensell ML, Sentell TL, Stuppelbeen DA. Legislative Definitions of Community Health Workers: Examples from Other States to Inform Hawai'i. *Hawaii J Med Public Health*. 2019 Jun;78(6 Suppl 1):23-29.

¹⁹ National Academy for State Health Policy. State Community Health Worker Models. Available at <https://www.nashp.org/state-community-health-worker-models/>

²⁰ Association of State and Territorial Health Officials. “Community Health Workers.” Available at <http://www.astho.org/community-health-workers/>

²¹ Dower C, Knox M, Lindler V, O'Neil E. 2006. “Advancing Community Health Worker Practice and Utilization: The Focus on Financing.” Available at http://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/6.%202006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf

²² Miller P, Bates T, Katzen A. 2014. “Community Health Worker Credentialing: State Approaches.” Available at <http://www.chlpi.org/wp-content/uploads/2014/06/CHW-Credentialing-Paper.pdf>

²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5269544/>

²⁴ Agency for Healthcare Research and Quality. 2014. “State Legislation Supports Professional Development of Community Health Workers, Leading to Greater Professional Recognition, Enhancements in Training, and Funding.” Available at <https://innovations.ahrq.gov/profiles/state-legislation-supports-professional-development-community-health-workers-leading>

Recommendation 2.3. *Explore sustainability strategies that combine public and private funding sources for community health workers.*

CHW programs are historically run by community health centers and community-based organizations, and more recently, hospitals and health systems. However, CHW programs tend to be funded either out of their organization's own operating budgets or through specific grants. Lack of sustainable public and private insurance reimbursement has been described as a barrier to the expanded employment of CHWs.^{26,27}

Using Medicaid reimbursement has important implications for which CHW services are reimbursable, who is eligible to be paid as a CHW, and how CHWs are integrated into the care team and the health care system. There are several ways that states can fund community health workers through Medicaid, including State Plan Amendments (SPAs) for Reimbursing Preventive Services, Defined Reimbursement through Section 1115 Waivers and State Legislation and SPAs for Broader Medicaid Reimbursement. Also, the Centers for Medicare & Medicaid Services allows Medicaid programs to reimburse for preventive services delivered by CHWs, provided that a licensed practitioner recommended the service.^{28,29}

In 2007, the American Medical Association's National Uniform Claim Committee introduced CHWs as a category in its health care provider taxonomy using the Health Resources and Services Administration (HRSA) definition of CHWs.³⁰ Because of this, CHWs can be

classified as providers for billing purposes in both private and public programs. For example, Vermont employs CHWs through their Community Health Teams program, which is part of its healthcare delivery reform initiative – Vermont Blueprint for Health. The initiative is funded by multiple payers, including Medicare and private insurers such as Blue Cross and Blue Shield of Vermont.³¹

Recommendation 2.4. *Increase wages for community health workers to reflect their contribution to reducing costs and improving health outcomes.*

In May 2020, the U.S. Department of Labor reported that CHWs earned an average hourly wage of \$22.12 and \$46,000 mean annual salary.³² The Patient Protection and Affordable Care Act (PPACA) recognizes CHWs as important health professionals for reducing costs and improving health outcomes.³³ However, a report commissioned by the Massachusetts Association of Community Health Workers in 2020 found that most CHWs are not paid living wages.³⁴ While some CHWs have no college experience, their required skill set and responsibilities are comparable to many occupations requiring college degrees and beyond.³⁵

Because wages have not grown along with the growing demand for and recognition of the value of CHWs, employers could have difficulties recruiting and retaining CHWs.³⁶ Funding opportunities for CHWs through the public and private payers mentioned above would lead to competitive wages so that their pay would reflect their valuable contributions to overall community public health.³⁷

²⁶ Dower C, Knox M, Lindler V, O'Neil E. 2006. "Advancing Community Health Worker Practice and Utilization: The Focus on Financing." Available at http://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/6.%202006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf

²⁷ Johnson, D, Saavedra P, Sun E, Stageman A, Grovet D, Alfero C, Maybes C, Skipper B, Powell W, Kaufman A. "Community Health Workers and Medicaid Managed Care in New Mexico." *Journal of Community Health*. 2012; 37: 563–71.

²⁸ Centers for Medicare & Medicaid Services. "Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment; Final Rule." 2013; 78 Fed. Reg. 42160, 42306 (to be codified at 42 C.F.R. § 440.130).

²⁹ Malcarney MB, Pittman P, Quigley L, Horton K, Seiler N. The Changing Roles of Community Health Workers. *Health Serv Res*. 2017; 52 Suppl 1(Suppl 1):360-382. doi:10.1111/1475-6773.12657

³⁰ Centers for Disease Control and Prevention. "States Implementing Community Health Worker Strategies." Available at https://www.cdc.gov/dhdspp/programs/spha/docs/1305_ta_guide_chws.pdf

³¹ State of Vermont. "Blueprint for Health." Available at <https://blueprintforhealth.vermont.gov/about-blueprint/blueprint-community-health-teams>

³² U.S. Bureau of Labor Statistics. "Occupational Employment and Wage Statistics for Community Health Workers." Available at <https://www.bls.gov/oes/current/oes211094.htm>

³³ Martinez J, Ro M, Villa NW, Powell W, Knickman JR. Transforming the delivery of care in the post-health reform era: what role will community health workers play?. *Am J Public Health*. 2011; 101(12):e1-e5. doi:10.2105/AJPH.2011.300335

³⁴ Massachusetts Association of Community Health Workers. "Evidence for Increasing Community Health Worker Wages." 2020. Available at <https://machw.org/2020/08/evidence-for-increasing-community-health-worker-wages/>

³⁵ Ibid.

³⁶ Ibid.

³⁷ Columbia University. "Leaders in Reducing Racial Health Disparities: Community Health Workers."

Available at <https://www.publichealth.columbia.edu/public-health-now/news/leaders-reducing-racial-health-disparities-community-health-workers>



Recommendation 3.1. *Develop didactic and experiential training programs for health care workers on the role of community health workers as a part of a care team.*

As discussed above, the definition and role of CHWs varies greatly between states and is still a new concept to many. Incorporating CHWs into health care teams provides ample benefits,³⁸ but can also bring challenges and may cause misunderstandings. To this end, when adding CHWs to the healthcare team, employers should make it a priority to ensure that all personnel understand the role of the CHW and the value that they bring to the team. They should highlight the fact that CHWs are not to take the place of or to compete with other staff that may seem to have a similar role, such as nurses or social workers. Employers should reiterate that CHWs are included in health care teams to improve patient wellbeing and health outcomes, to bring expertise in community connectedness and cultural competency, to address social determinants of health, and to connect clients to appropriate local resources and services. Through education efforts like in-service training for staff, new hire orientations, or working directly with CHWs, the role and value of CHWs can be demonstrated and reinforced to the whole health care team.

Recommendation 3.2. *Require training and coursework in health sciences schools on the role and impact of community health workers.*

Schools for health professionals, such as medical schools and nursing schools, as well as schools of public health, could include curricula on the topic of CHWs. It will be important that school leadership and faculty are well versed in the important role of CHWs and can champion the inclusion of CHW

curricula. Courses could require that all health sciences students have the chance to shadow a CHW for a day, converse with CHWs, or have CHWs integrated into interprofessional education experiences. This will ensure they are knowledgeable of the CHW workforce in general, and are aware of the value that CHWs bring to community and individual health. Encouraging students to intern with or focus capstone projects, theses, or practicums on CHW work would also be beneficial strategies. These actions could help alleviate potential challenges that arise when incorporating CHWs in healthcare teams.

Recommendation 3.3. *Review well-established definitions (e.g., provided by the American Public Health Association) of community health workers and encourage states to adopt and adapt it for their states' needs.*

Associations and other organizations that support and promote the CHW profession could leverage the current environment to demonstrate the value of CHWs through advocacy, storytelling and research. CHW associations could partner with public health organizations, such as the APHA or state level public health associations, to carry out a storytelling campaign that highlights CHWs and the breadth of work that they do in their communities. They could do this by way of partnering with APHA during National Public Health Week to develop webinars about CHWs, videos of CHWs in action, and CHW social media posts geared toward public health and healthcare professionals. One example is from the New Mexico Community Health Worker Association, in which they use Photovoice to empower patients and their families, all the while educating providers around distinct community health needs related to asthma in Hispanic children.³⁹ Associations can help CHWs be empowered to advocate for themselves, their colleagues, and the profession itself, as in the following example from the National Association of Community Health Workers

³⁸ Rosenthal EL, Brownstein JN, Rush CH, et al. Community Health Workers: Part of the Solution. *Health Affairs*. 2010 29(7). doi: 10.1377/hlthaff.2010.0081

³⁹ Asthma in Hispanic Children - Photo Voice Project. 2019. New Mexico Department of Health. Available at <https://www.youtube.com/watch?v=4z6OvUihafk>

(NACHW). With a mission to unify the voices of CHWs and strengthen the profession’s capacity to promote healthy communities, NACHW recently developed a call to action for “public and private institutions to respect, protect, and partner with community health workers to ensure equity during the pandemic and beyond.”⁴⁰ CHW associations, such as NACHW, are key champions for voicing the concerns of and advocating for the acknowledgement of CHWs as essential public health workers. CHW associations could partner with public health agencies or schools of public health and healthcare sciences to conduct research and write papers on the work and impact of CHWs. These activities would undoubtedly raise awareness of the key role that CHWs play in promoting community health.

Recommendation 3.4. *Establish pathways for advancement of community health workers into leadership positions and roles in advocacy.*

These same associations mentioned above can campaign for CHW advancement pathways, such as into leadership positions and roles in advocacy. CHWs are often the frontline workers who witness firsthand

the severe health and social impact of disease. CHWs have deep roots and relationships in some of the most vulnerable communities, and have the knowledge and skills to educate, support, and protect individuals and groups. CHWs wear multiple hats, and need to know “a lot about a lot,” as one CHW interviewee stated. Basic CHW core competency training allows for a bare minimum of skills and qualities to improve health, community development, and access to systems of care.⁴¹ By providing CHWs opportunities for professional development in specific topic areas, their value increases as do their skills, knowledge and confidence. One option is to offer specialty tracks, such as cardiovascular health or mental health, for CHWs to complete once they have gone through the core competency training. Becoming specialized in one or more areas increases the value of the CHW, and better ensures job security and opportunities for pay increases. In order for CHWs to be able to take advantage of professional development opportunities, their employers must see the importance of the activity, and thereby allow them the time and resources to attend educational sessions. Some CHWs may be interested in pursuing higher education. While tenure in a position can help CHWs to become promoted to leadership and/or advocacy positions, they may also be interested in getting college degrees to help boost their opportunities for advancement.

LIMITATIONS

The Workgroup acknowledges that limitations and biases are present in our approach to this project, including working with a small, convenient sample of participants and busy researchers working on a voluntary bias. However, this work was grounded in agreed-upon principles of equity and community participation and we feel confident that the interviews with CHWs and those they work with has informed a strong series of recommendations for the field of public health.

⁴⁰ National Association of Community Health Workers National Policy Platform. 2021. Available at <https://nachw.org/wp-content/uploads/2021/03/NACHW-National-Policy-Platform-2021.pdf>

⁴¹ Community Health Worker Core Consensus Project. Available at <https://www.c3project.org/about>

CONCLUSION

As the field of public health considers how to establish a more robust and effective public health system that promotes equity in a post-COVID-19 world, CHWs must be a part of a workforce that centers community by addressing the root causes of health inequities. The fields of public health and health care must invest in CHWs as valued team members by centering them, as well as the communities they serve. This can be done through paying CHWs a living wage and including them in decision-making spaces as experts and leaders. The research, policy, and practice recommendations provided here are one step towards a new reality that requires the collaborative effort of health professionals, state and national organizations, federal agencies, and public and private institutions to uplift CHWs as “essential critical” health promoting resources for our communities.

About the National Coordinating Center for Public Health Training

The National Coordinating Center for Public Health Training has a network of public health institutes, training centers, and national partners that is intentionally designed and effectively equipped to address the urgent need to build leadership and strategic capacity nationwide by leading the development of a coordinated system of effective, efficient, and quality learning opportunities. Through the use of innovative training technologies and proven approaches grounded in adult learning theory, NCCPHT serves all public health professionals by expanding access to high-quality training, tools, and resources they need to address current and emergent public health issues.



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