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CHW Network Leader Recommendations for Public Health Departments

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Purpose

Community Health Worker (CHW) Networks (organizations led by or co-led by Community Health Workers (includes promotoras, CHRs, and other titles/identities within our profession) whose mission and activities focus on CHW membership, networking, policy, advocacy, and workforce development) are frequently called upon by state health departments to partner on community programs and services, but their leadership roles are marginal, and their capacity building requests often go unmet. The CDC Public Health Infrastructure grant requires state health departments to increase the size, diversity and foundational capabilities of the public health workforce, creating an optimal opportunity to integrate the expertise of CHW Networks. NACHW completed a literature review of 53 prominent published documents containing 156 recommendations to increase, retain and strengthen the public health workforce. The National Association of Community Health Workers (NACHW) sorted these recommendations to align with the Public Health Infrastructure framework, followed by a grounded theory approach resulting in 8 thematic categories. NACHW then engaged 35 leaders from CHW Networks in a facilitated, large group consensus building and small group deliberation process to articulate recommendations in each category. When applied, these recommendations can maximize state public health departments' PHIG implementation activities and integrate CHW values and evidence-based approaches in ways that benefit the CHW profession, CHW Networks, local communities, and their health goals.

Background on CHWs and CHW Networks

Community Health Workers

The American Public Health Association identifies Community Health Workers (CHWs) as essential members of the frontline public health workforce who are trusted members of the community and who have an unusually close understanding of the people they serve. This community relationship of trust enables CHWs to serve as intermediaries between health and social services and the community. CHWs facilitate and improve clinical, behavioral, and social service access, delivery, quality, care, and system performance as well as enhance the quality and cultural competence of service delivery (APHA, 2014). CHWs are a unique profession, with their own code of ethics, core competencies, labor classification, and national policy platform, awareness week and annual hill day.

The National Association of Community Health Workers (NACHW), founded in 2019 by CHWs and allies to unify CHWs and support communities to achieve health equity and social justice, recognizes Community Health Representatives, Promotoras, Aunties/Uncles and more than 95 different work titles as essential members within the CHW workforce. Community Health Representatives (CHRs), the oldest federally

recognized CHW workforce, play similar roles to CHWs within 538 Tribal communities. Promotores are Latino expert community leaders who provide information, resources and navigation to health and social services.

Despite six decades of evidence on CHW effectiveness, two decades of public health policy, national workforce studies, and a federal labor classification, CHWs remain a precarious workforce, lacking in national professional identity, sustainable financing, and without legislative recognition in dozens of states.

Community Health Worker Networks

The National Association of Community Health Workers (NACHW) defines CHW Networks as community-based organizations (including CHW Associations and Coalitions) with the following characteristics: a) Mission and activities focused primarily on CHW workforce development, mentoring, member mobilization, and advocacy, b) Membership comprised primarily or substantially of CHWs, c) Leadership comprised primarily or substantially of CHWs, d) Operate at the municipal, county, state, regional, and/or national levels, and e) Structured to serve the needs of their constituents and operating under names that may include but are not limited to: network, association, alliance, collaborative, coalition, etc.

The results of a 2018 National Study of CHW Networks found:

- CHW Networks' leadership and/or membership is comprised of 50% or more of CHWs.
- 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.
- Many CHWs have no access to a local, state, or regional Network.
- Half of the Networks that completed the 2018 study said that they have "no paid staff and have operating budgets of $50,000 or less".

In 2023, NACHW implemented a national survey to expand on the 2018 study results and gain renewed insights into CHW Networks' capacity and sustainability. We engaged 95 CHW Networks in the survey, *50 more Networks than were present in the 2018 study*, that were located across the U.S. states and including in Washington DC, US Virgin Islands, and Puerto Rico. Four of these Networks had regional or national reach.

Insights from our 2023 survey of CHW Networks revealed that:

- 69% of Networks partner with CBOs and other nonprofits

- 48% of Networks partner with state or tribal health departments
- 38% of Networks partner with hospital or health systems
- CHW Networks provide technical assistance in CHW training-curriculum development (52%), policy & advocacy (48%), CHW-related research (45%), CHW training and facilitation (41%), and CHW program evaluation services (28%).

However, despite these offerings and partnerships, our survey confirmed that more than 75% of CHW Networks have annual budgets of less than $250,000 - *and 44% have a budget of less than $50,000 annually*.

CHW Networks and professional Associations experience very low direct investment from public health and federal funding streams, and similar funding patterns can be found in the American Rescue Plan Act funded, CDC Public Health Infrastructure initiative. Thus, CHWs exist as a respected, yet precarious public health workforce, in which low investment results in persistent barriers to their career opportunities such as low pay, limited capacity building and professional development opportunities.

Federal Investment and Partnership with CHWs and CHW Networks during COVID-19

CHW integration into the U.S. Public Health workforce systems supports the implementation of community-based solutions and culturally competency proven to increase healthcare access, improve health service quality and ensure better health outcomes (Allen, Brownstein, Jayapaul-Philip, Matos, & Mirambeau, 2017).

At the outset of the global COVID-19 pandemic, NACHW published guidance for public and private institutions to strengthen public health capacity by integrating Community Health Workers (CHWs) and providing funding to scale Community Health Worker Networks' capacity to mobilize their membership.

In 2020, the Trump Administration's U.S. Department of Homeland Security CISA identified CHWs as critical infrastructure workers who should be paid to respond to COVID-19, and the Office of Minority Health funded the Morehouse School of Medicine National COVID-19 Resiliency Network (NCRN)to support CHW integration in eight states. In 2021, the Biden Administration furthered U.S. investment in Community Health Workers into COVID-19 response through the American Rescue Plan Act (ARPA).

However, these important public health investments often did not result in direct funding of CHW Networks and have not achieved sustainability for the CHW workforce. Public health departments who scaled short-term employment of CHWs through the CDC 2103 and 2109 initiatives, began laying off CHWs in states across the country.

One third of CHWs who responded to NACHW's "CHWs Perspectives on the Impact of the COVID-19 Public Health Emergency Unwinding survey" in 2022 were concerned that their public health department would not include CHW voices or leadership in future public health discussions. One fourth of CHW respondents feared that their employer would run out of funding for their jobs, risking further impacts on marginalized communities. CHWs in our national membership reported experiencing low or very low food security.

A 2024 summit hosted by the Centers of Disease Control and their 2109 state health department grantees highlighted their collective work to integrate CHWs into COVID-19 outreach, education, prevention and vaccination efforts and emphasized the need for departments to focus on sustainability "to continue CHW programs in the absence of CCR grant funding" (Hacker, 2024).

With no federal initiatives in place to replenish 2103 and 2109 funding, public and private CHW employers are considering their commitment to expand and sustain CHWs services that positively impact health and well-being. Initiatives and models that contribute to sustainable financing include reimbursement of CHWs roles through Medicaid state plan amendments (SPAs) and 1115 waivers and new Community Health Integration, Principal Illness Navigation and Social Determinants of Health Services in Medicare. The Common Health Coalition is currently partnering with NACHW to advance public health and healthcare integration and offers grants to cross-sector organizations to shore up their current CHW-centered programs.

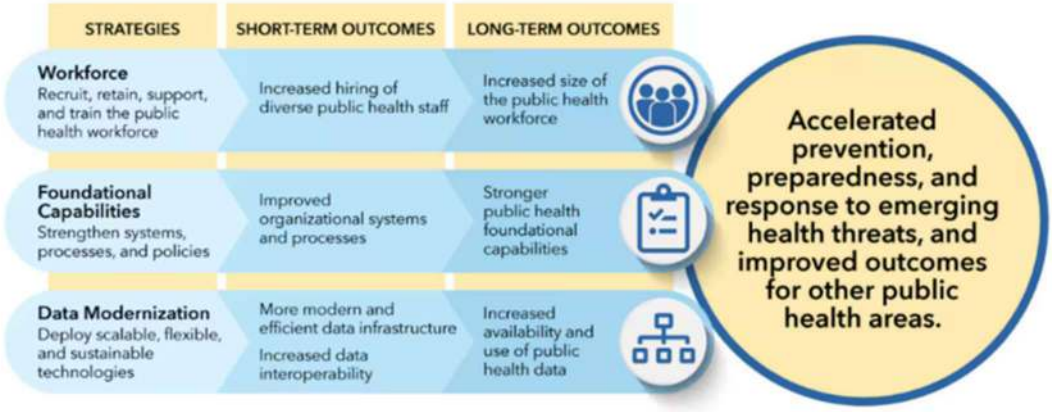
Public Health Infrastructure Overview and Opportunity

All 50 public health departments are currently implementing year three of their five-year American Rescue Plan Act funded awards issued by the Centers for Disease Control and Prevention (CDC) to rebuild the Public Health Infrastructure (PHI). Early data captured in this initiative from three CDC national implementation partners confirmed a strong interest from awarded public health departments in investing in and prioritizing CHW professionals.

The Public Health Infrastructure Grant provides a total of $4.8 billion in funding to 109 public health departments. Three strategies are prioritized in PHI shown in Figure 1 (below) and three fundamental principles guide all public health initiatives conducted under the grant:

- Data and evidence drive both planning and implementation
- Partnerships are essential for the success of grant programs, and
- Resources must be allocated in a manner that promotes diversity and health equity

Figure 1. Public Health Infrastructure Framework



Methodology

This white paper was developed by NACHW using a multi-method approach that centers the voices and expertise of Community Health Worker (CHW) Networks. Our methodology integrates expertise from CHW Network leaders, large group consensus development and small group processes grounded in a literature review of 53 peer-review journal articles and documents published from 2018 to 2024, focused on strengthening the U.S. public health infrastructure. The following describes our 3-step process.

Literature Review

First, we conducted a literature review using key terms related to public health infrastructure and Community Health Workers (CHWs), including Promotores, Community Health Representatives, and various identities associated with CHWs. Public health workforce topics were also important. Literature was included if it described public health infrastructure recommendations, gaps, barriers, facilitators, program or research results, or opportunities for improving public health infrastructure related to CHW sustainability, and workforce development. See Table 1.

Table 1: Scope of Literature

Reference	**# of documents (%) ***
Total documents reviewed	53
Excluded documents	18
Final documents included	35
Recommendations for PHI	20 (57%)
Results reported for programs or research	11 (31%)
Missed opportunities	9 (26%)
Gaps	6 (17%)
Barriers	5 (14%)
Articles with CHW Authors	2 (6%)

**Note: Non-exclusive*

The types of documents varied, ranging from national reports to research articles. Articles came from large non-profit organizations with funding from federal agencies, universities, foundations, federal agencies, and health policy research journals.

Second, we reviewed the Public Health Infrastructure (PHI) Framework (See Figure 1), to reference two of the three major strategies: workforce and foundational capabilities as it relates to the PHI outcomes. We organized recommendations that we identified from 35 articles. Eighteen out of the 53 articles were excluded because they did not meet the above criteria.

Within these 35 articles, 156 individual recommendations were identified and grouped into 20 themes using a grounded theory approach: (funding, sustainability, workforce sustainability recommendations, CHW workforce recommendations, CHW workforce recruitment, CHW leadership that reflects population, geographic recommendations, cultural specific recommendations, pay equity recommendations, hiring, partnership recommendations, data & narrative recommendations, community-level recommendations, policy recommendations, systems level recommendations,

programmatic recommendations, communications recommendations, CHW workforce training, and other). We also tracked whether CHW official title was used in the article.

Two NACHW staff reviewed, discussed the 20 themes and identified overlapping areas. We then further synthesized and matched themes into 8 categories from the PHI Framework and its foundational capabilities. We eliminated duplicates and combined recommendations that were further similar within each category and ultimately reduced them to 74 final recommendations. These were then mapped to the eight categories defined by the CDC Public Health Infrastructure (PHI) grant and foundational capabilities.

The final 19 recommendations taken from the analyzed literature were organized into 8 thematic categories and provided to CHW Network Leaders in a three day convening to build consensus Categories were aligned with the PHI Framework and its foundational capabilities.

8 Categories (thematic)	19 Recommendations (synthesized from literature)
Workforce	• Build infrastructure with community health workers (CHWs), Community Health Representatives, health navigators, and Promotores. • Create pathways for career advancement, improve job satisfaction, and address low pay.
Equity in Organizational competencies	• Increase CHW wages to address barriers like transportation and food security.
Community partnerships	• Equip public health staff to foster community collaborations. • Engage non-traditional collaborations to partner for resources and advocacy in public health initiatives. • Invest in local capacity-building through CHW networks and community-based organizations.
Leverage covid-19 lessons for CHWs' roles in emergency preparedness	• Engage CHWs and networks in designing public health initiatives. • Ensure representation of CHWs and community leaders in public health governance • Increase support for CHWs to enhance local services like shelters and food pantries

Communications	• Translate public health materials into the languages spoken in priority communities
Policy development	• Incorporate CHWs into initiatives addressing SDOH
Leadership	• Center and integrate CHWs' lived experiences and leadership abilities into public health strategies. • Involve CHWs, community organizations, and various agencies in program development to ensure inclusive and effective policies
Funding community-based organizations	• Provide infrastructure support for CHW employers to access diverse funding • Federal and state governments must ensure consistent, adaptable public health funding. • Encourage braided funding models to sustain CHW financing • Ensure living wages for CHWs using CDC and federal funds • Fund and preserve nonprofits serving vulnerable populations • Fund state-level CHW associations to enhance their programs and influence policy

Consensus Building and Development of Recommendations

At the center of the CHW professional value is the motto, "nothing about us without us," reflecting our commitment to the voices of all people we serve as well as our own voices. However, our literature review found that only one of the 53 documents had a CHW author.

With the overwhelming prioritization of CHWs in ARPA funding to strengthen COVID-19 public health response and rebuild the public health infrastructure, this discovery prompted NACHW to question whether or not CHW professionals would endorse any of the recommendations developed by other professionals on their behalf.

During a CHW Network convening, CHW Network leaders voted on all recommendations one by one. We asked if leaders endorsed the recommendations. Of the 74 recommendations, 19 met endorsements from all CHW Networks. We then asked individuals to select one of three small groups to participate in. With the help of a NACHW

staff or volunteer facilitator and note-taker, these groups deliberated to create a final set of recommendations for public health departments to take that would advance their Public Health Infrastructure grant requirements and advance the following priorities for Community Health Workers:

1) benefits to CHW Networks and Associations, and

2) respecting and protecting CHW's identity, professional roles, and leadership.

Each group was comprised of 6 to 8 CHW Network leaders. Everyone had the opportunity to discuss recommendations and share them with their small group. After thinking and writing, the small group members came together to discuss their draft recommendations to advance CHWs and benefit CHW Networks in the Public Health Infrastructure. Small group members voted to endorse the recommendations that would be presented to NACHW and the entire CHW Network participants for inclusion into the paper.

Recommendations

How Public Health Departments can make a difference by benefiting CHW Networks and Associations, and protecting CHWs role, capacity, and leadership.

NACHW and CHW Network leaders present the following CHW recommendations that each public health department and state could implement within the final 2 years of the public health infrastructure grant program (and beyond), in order to achieve their Public Health Infrastructure grant requirements and advance key priorities of the CHW profession. State health departments can leverage recommendations developed by NACHW and trusted CHW Network and Association leaders to address the Public Health Infrastructure priorities, inform their approaches, and respect and protect CHWs value, efficacy, and sustainability.

Table 2: CHW Network Leader Recommendations for all Public Health Departments

Categories	Recommendations
Category 1: Workforce Development	Recommendation 1: Build infrastructure with community health workers (CHWs), Community Health Representatives, health navigators, and Promotores.
	Recommendation 2: Create pathways for career advancement, improve job satisfaction, and address low pay.

Category 2: Equity in Organizational Competencies	Recommendation 1: Increase CHW wages to address barriers like transportation and food security.
Category 3: Community Partnerships	Recommendation 1: Equip public health staff to foster community collaborations.
	Recommendation 2: Engage non-traditional collaborations to partner with resources and advocacy in public health initiatives.
	Recommendation 3: Invest in local capacity-building through CHW networks and community-based organizations.
Category 4: Leverage covid-19 lessons for CHWs roles in emergency preparedness	Recommendation 1: Engage CHWs and networks in designing public health initiatives.
	Recommendation 2: Ensure representation of CHWs and community leaders in public health governance.
	Recommendation 3: Increase support for CHWs to enhance local services like shelters and food pantries.
Category 5: Communications	Recommendation 1. Translate public health materials into the languages spoken in priority communities.
Category 6: Policy Development	Recommendation 1: Incorporate CHWs into initiatives addressing SDOH.
Category 7: Leadership	Recommendation 1: Center and integrate CHWs' lived experiences and leadership abilities into public health strategies.
	Recommendation 2: Involve CHWs, community organizations, and various agencies in program development to ensure inclusive and effective policies.
Category 8: Funding Community-Based Organizations	Recommendation 1. Provide infrastructure support for CHW employers to access diverse funding.
	Recommendation 2. Federal and state governments must ensure consistent, adaptable public health funding.
	Recommendation 3. Encourage braided funding models to sustain CHW financing.

	Recommendation 4. Ensure living wages for CHWs using CDC and federal funds.
	Recommendation 5. Fund and preserve nonprofits serving vulnerable populations.
	Recommendation 6. Fund state-level CHW associations to enhance their programs and influence policy.

Discussion

CHW Networks leaders offer several action steps for public health departments to take in the next two years during the public health infrastructure grant program. These action steps add on to and align with recommendations synthesized from multiple reports and resources from 2018 through 2024 for which only one document included a CHW author. While the public health infrastructure framework lends itself to public health departments, we recommended that many of these action steps can be implemented and are applicable to other state agencies and where federal funding supports state-level departments.

Other emerging opportunities that CHW network leaders offered following the convening warrants further discussion. These include supporting efforts by local health departments to have authority for health equity and CHW initiative hirings. Another is to partner with state and national departments of labor to support training and hirings of CHWs in various settings, with employer incentives. Finally, with states, some have successfully utilized other federal program grants to support the infrastructure of CHWs, whereas other states have not. More discussion is needed to support statewide acceptances for sustainability of CHW programs.

About NACHW: The National Association of Community Health Workers (NACHW) was founded in April 2019. NACHW is a fiscally sponsored program of Health Resources in Action (HRiA), a Massachusetts 501(c)(3) nonprofit organization. NACHW is the national voice for Community Health Workers (CHWs). A member-driven organization, our 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 other workforce members) in promoting self-determination, integrity and social justice; advancing CHW professional identity; and amplifying CHW leadership and capacity building. NACHW's over 3500 individual and organizational members hail from all 50 states, over two dozen tribal nations and territories, along with over 8,000 people on our national email listserv and over 15,000 in our COVID listserv.

NACHW became a leading voice describing CHWs leaders' roles and insights on the frontlines during COVID-19. In partnership with CHW experts, we brought clarity and focus to the critical role of CHWs to strengthen public health response to COVID-19, documented their firsthand experience with community barriers and mistrust to new COVID vaccines, and created the first ever national CHW policy platform so that public and private organizations could respect, protect and partner with CHWs on the frontlines of public health.

NACHW and our CHW and ally members and partners came together to amplify structural barriers in community-based funding and health department financing limitations and short term categorical grants). Thus far, public and private institutions that benefit from CHW expertise and deep relationships with communities and populations have not rallied around a solution to the lack of sustainable financing for this critical workforce and its CHW-led Networks.

The critical and essential role of CHWs during the COVID-19 public health emergency to build community trust, elevate culturally appropriate strategies, and positively impact health for marginalized populations will not be sustained without additional infrastructure investment, and national coordination to document CHW-led strategies in workforce development and health system transformation.