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# PRINCIPLES AND STRATEGIES TO DEVELOP AN EQUITABLE COMMUNITY HEALTH WORKER WORKFORCE STUDY

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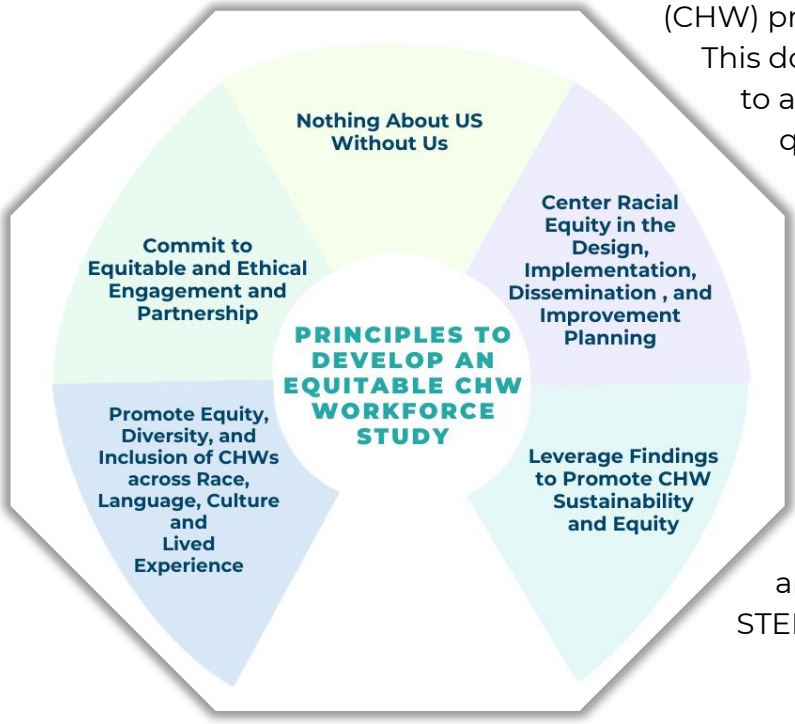
# Principles and Strategies to Develop an Equitable Community Health Worker Workforce Study

## Development and Purpose

**Principles and Strategies to Develop an Equitable Community Health Worker Workforce Study (CHWPS)** is a guidance document developed by the National Association of Community Health Workers (NACHW) with Community Health Worker (CHW) and Ally (non-CHW) experts. NACHW is a national member-driven nonprofit organization, whose mission is to unify CHWs – across geography, race/ethnicity, language, gender, sector and lived experience – to support communities to achieve health, equity, and social justice.

Principles and strategies in this document draw on the approaches and lessons learned from internet research to collect key U.S. national and state level workforce studies and meta-analyses as well as discussions with CHW, CHR and ally researchers. It is designed for health departments, legislators, funders, health systems, CHW Networks and Associations, community-based organizations, advocates, and others involved in advancing the sustainability of the Community Health Worker (CHW) profession through workforce studies. This document uses the term "study" to refer to a variety of documents that use qualitative and quantitative approaches to understand the CHW workforce, including assessments, studies, reports, and surveys.




While it does not cover every aspect of workforce studies, this document provides evidence-based approaches; and it is endorsed by CHWs and experts in the field of CHW workforce development, policy, and research; and is a critical FIRST STEP to develop a CHW workforce study.

## Who Are Community Health Workers?

The American Public Health Association identifies Community Health Workers 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).

NACHW recognizes Community Health Representatives, Promotoras, Aunties/Uncles and more than 95 different work titles as essential members of our workforce. Community Health Representatives (CHRs), the oldest federally recognized workforce in the coalition, play similar roles within 538 Tribal communities. Promotoras are expert community leaders who are from and live in their community and who serve their community by providing 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.

## Why Are Principles and Strategies Needed to Guide the Development of a CHW Workforce Study?

The CHW profession in the U.S. has been supported by key workforce studies which contribute to the understanding of CHW roles, demographics, and presence in public health and health system environments as paid and unpaid workers. Key studies include the 1998 National Community Health Advisor Study, 2007 National CHW Workforce, 2008 Massachusetts Community Health Worker Survey, National Community Health Worker Advocacy Survey and 2021 NACHW National CHW Survey.

Currently, there is a wide range gap of CHW workforce representative presence. A brief internet search to identify how many CHWs are in the U.S., yielded a range of estimates from 61,300 to 200,000 community health workers. This wide range is a result from employer's inconsistent usage of the CHW title, and lack of methods for authentically engaging with community health workers. This also impedes the usage of the Department of Labor's classification when reporting on employees who may identify and/or fulfill the core roles of CHWs.

The American Rescue Plan Act is the largest public health investment in a generation and creates new opportunities for every state health department to "recruit, hire, retain, train, and support public health workers including epidemiologists, lab workers, communicators, data scientists, and community health workers" (CDC, 2024).

NACHW believes that principles and strategies to develop an equitable study to advance the CHW workforce are paramount because:

- State-level public health infrastructure activities related to the CHW workforce should be data-driven.
- Only 26 states were identified as having conducted at least one statewide CHW workforce study (see state level workforce studies for published works)
- CHW workforce data is crucial to identify and monitor diversity, capacity, roles, to advance racial and health equity in public health services and to monitor trends in pursuit of sustainability.
- CHW workforce data in the early stages of the public health infrastructure is crucial for holding states accountable, to further advocate, to appropriate funds, and to center priorities of the CHW workforce.
- According to a 2020 scoping review of CHW positionality on research teams, "only 18% of CHW studies include CHWs in five or more phases of research". Also, CHWs are often excluded from national public health studies for their development, design, and improvements of existing studies such as the 2021 study findings of PH WINS.

The Principles and Strategies in this document further the dissemination of evidence-based tools, resources and policies endorsed by CHWs and their allies that can be used to drive equity in CHW leadership, engagement, and partnership by expanding, maximize CHW professional advancement in community, clinical and public health environments. See Appendix A for an overview of CHW national and state level workforce assessments and current journal publications in identifying the gaps, barriers, and opportunities for implementing CHW workforce studies.

# Principles and Strategies to Develop an Equitable CHW Workforce Study

## Principle 1: Ensure Nothing About Us Without Us

### Strategy: Adopt the APHA Definition of CHWs

It is imperative to adopt the APHA definition for CHWs that acknowledges the history and diverse voices and lived experiences of our profession and affirms CHWs as a profession with proven ability to reduce inequities and eliminate health disparities. The APHA policy 201414 promotes at least 50% of CHW leadership in workforce development boards and advisories, ensuring that CHWs have agency to design, implement and interpret their own state-level workforce. CHRs within states must be included in CHW workforce studies to respect the sovereignty and processes of tribal councils and other bodies that govern CHR interactions with workforce studies, and ensure they are meaningful partners. "Nothing about us, without us" means that all initiatives and decisions about the CHW workforce are made with CHWs leadership representation and perspectives.

**Resources to learn more:**

- APHA Policy Statement: 201414: Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialling
- NACHW Assessing the CHW Workforce at the State and Local Level
- APHA Policy Statement: 20227- A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention
- Community Health Representative Workforce: Integration across systems and teams to address the social determinants of indigenous health and wellbeing (chwcentral.org)
- Integrating Accessibility into Agency Diversity, Equity, Inclusion and Accessibility (DEIA) Implementation Plans
- Inclusive Language Guide
- "Nothing About Us Without Us": Best Practice Learned through Supporting Community Health Workers in Hawai'i Nei and Beyond

### Strategy: Center CHWs and CHW Networks' Co-leadership

Uphold CHW self-determination, leadership, and respect. NACHW defines CHW Networks as community-based and professional organizations (including CHW Associations and Coalitions) with leadership and/or membership that is comprised of 50% or more of CHWs, and whose mission and activities focus on workforce

development, mentoring, member mobilization, and advocacy. Incorporate approaches such as community-based participatory research and promote CHW-owned research. First, build relationships and trust with Community Health Worker Networks through forming reciprocal partnerships and by understanding CHWs' priorities and concerns. Invite CHWs and CHW-led Networks to join community advisory boards to facilitate deeper understanding, consensus building, and joint decision-making. Offer learning opportunities that address the full purpose, aims, survey instruments, timeframe, privacy/confidentiality, dissemination, etc. Adapt approaches based on CHW and community leaders' feedback. Long-term partnering with CHWs and community leaders ensures that CHWs are prioritized at all stages of the study. Respect the process and confirm endorsements of tribal nations and leaders/elders to follow cultural norms.



**Resources to learn more:**

- Assessing the CHW Workforce at the State and Local Level (NACHW)
- "Nothing About Us Without Us": Best Practice Learned through Supporting Community Health Workers in Hawai'i Nei and Beyond
- Community Health Workers in the United States: Challenges in Identifying, Surveying, and Supporting the Workforce

## Strategy: Embrace CHW-driven and nationally endorsed CHW Core Consensus Project (C3) and Common Indicators Project (CI) resources

The C3 and CI Projects both pursue increased understanding and knowledge of the CHW workforce and identify commonalities across it. C3 aimed to identify a common set of roles, skills, and qualities across the CHW workforce. The CI Project uses CHW-centered methods to develop process and outcome indicators and constructs that appropriately measure CHW impact and practice. CI and C3 project processes embody CHW self-determination, integrity, and social justice. As a result of both projects' participatory methods, their recommendations and outputs have received NACHW's endorsement as the best available information about CHW core competencies, roles, and evaluation.

**Resources to learn more:**

- Together Leaning Toward the Sky (C3 report)
- A Guide to Using the CHW Common Indicators (chwcre.org)
- CHW Core Roles and Competencies

# Principle 2: Promote Equity, Diversity, and Inclusion of CHWs across race, language, culture and lived experience.

## Strategy: Build with Cultural Humility

Train researchers to be culturally competent, sensitive, and empathetic to the needs and beliefs of the communities for which the research services are provided. Apply community-based participatory approaches and frameworks. Adapt methods for community acceptance and training in engagement that fosters integrative development of historical contexts, experiences, and cultural differences. These capacity-building strategies can help establish trust and ensure accurate data collection from the start. Also, co-learning and knowledge reciprocity addresses social drivers of health and well-being to ensure that the diverse needs of the communities served are addressed. Therefore, by taking the time to build a foundation to understand and respect cultural perspectives, it assures that ethical practices and cultural competence are implemented for the workforce and the studies.

### Resources to learn more:

- Resources from the Community Health Worker Core Consensus Project
- Community Toolbox
- "It's In My Veins" Exploring the Role of an Afrocentric, Popular Education-based Training Program in the Empowerment of African American and African Community Health Workers in Oregon
- Cultural Competence and Perceptions of Community Health Workers' Effectiveness for Reducing Health Care Disparities
- Report highlights COVID-19 Experiences of Community Health Workers
- Historical Trauma Research
- Community Remembrance Project

## Strategy: Acknowledge Intersectionality

A critical step to address health disparities in your state and region is by collecting data for race, ethnicity, primary language, sex, disability status, and experiences. CHWs who are deeply connected also experience the same inequities and health outcomes. Acknowledging intersectionality will improve the inclusivity, learning and relevance of the CHW workforce study. Data collection for race, ethnicity, primary language, sex, and disability status is a critical initial step to prepare surveys and interviews/focus groups that ensure questions that are inclusive to diverse experiences in the field. It is also important to understand structural and systemic factors that influence the health and well-being among CHWs with the intersection of race, gender, and socioeconomic status and CHWs with lived experience with violence prevention, substance use, justice system, housing, as members of transnational families, and with everyday microaggressions or other forms of

trauma exposure and oppression. Consider preparing for and implementing workforce studies that connect and reach CHWs where they are.

**Resources to learn more:**

- U.S. Implementation Guidance on Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status
- Why Community Health Workers' Roles in Latinx Communities are Essential
- Community Health Representative Workforce: Meeting the Moment in American Indian Health Equity
- Listening to Community Health Workers: How Ethnographic Research Can Inform Positive Relationships Among Community Health Workers, Health Institutions, and Communities

## Strategy: Ensure Language, Technology and Intellectual Accessibility

Make study materials available in multiple languages to accommodate the linguistic diversity of the community of CHWs. Also, tailor efforts to differing regions and communities. Take a verbal approach, such as interviews or focus groups, while using survey instruments in the preferred or native language of CHWs who are delivering services. This ensures that language barriers do not exclude participants. Therefore, to achieve health and racial equity, CHW's preferred language must be included along with racial/ethnic, and cultural background to ensure comprehensive development and participation in a workforce study. In addition, protect the integrity of data collection and technological security. Consider issues with data gathering technologies that may prohibit CHWs from completing surveys.

**Resources to learn more:**

- Checklist for Plain Language
- Report highlights COVID-19 Experiences of Community Health Workers
- Toolkit Part 11: Guidelines for Translation
- Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide
- Community Health Representative Workforce: Meeting the Moment in American Indian Health Equity

# Principle 3: Commit to Equitable and Ethical Engagement and Partnership

## Strategy: Compensate CHWs and their Organizations

Offer fair compensation to CHWs and community members involved in the study. Acknowledge their contributions and value their time and expertise. Ensure that CHW representatives are at the table for each decision-making point. CHW Networks and Associations are valuable partners and should be compensated for recruitment and other study activities. Historically, CHWs have been underpaid or underemployed for their services, including those who have participated or have contributed to the development of studies. Build capacity of community members where needed and provide equitable compensation for community members involved.

### Resources to learn more:

- NACHW National CHW Survey – Community Health Worker Pay Equity
- Report highlights COVID-19 Experiences of Community Health Workers

## Strategy: Realize Collaborative Partnerships

Collaborate with CHW Networks and Associations in your state, community-based organizations, advocacy groups, academic institutions, and multi-sector CHW employers. Position CHWs as advisors and subject matter experts to amplify lived experience and to share power. Multi-sector, collaborative partnerships offer the chance to discuss, learn from others, align on values, and work to develop analysis and products that benefit the CHW workforce and strengthen community, clinical and public health infrastructures. Plan for dissemination and application of the learning with CHW Networks. Collaborating with professional associations and Networks opens for furthering discussions for targeted research and priorities.

### Resources to learn more:

- Networks and Associations by State
- Framework for Engagement as seen in Advancing in CHW Engagement in COVID-19 Response Strategies
- Public Health Departments Contracting with Community-based Organizations to Implement Community Health Worker Programs
- National Association of Community Health Workers: Results of a national survey of CHW membership organizations

## Strategy: Implement Ethical Agreements

Ensure the study adheres to ethical guidelines of research, which include obtaining informed consent, respecting privacy, and protecting the rights of participants. Ensure that CHW representatives from community-based organizations are positioned on the Institutional Review Board. Also, co-develop ethical agreements with CHWs and CHW Networks in your state that can be used for oversight across the different IRBs. Explain how the data is used, viewed by, and how it will be shared back. Proactively build training and capacity building of CHWs/CHRs/Promotoras in human subject protections. This will align with CHW values of integrity, self-determination, self-empowerment, unity, respect, and dignity among the CHW workforce and with research partners.

**Resources to learn more:**

- SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approach
- Historical Trauma Research
- Navajo Nation Human Research Review Board CHR Training
- Southwest Tribal Narch (Native American Research Center for Health)
- IRB training for CHW leader cohort
- Research Ethics Training for Health in Indigenous Communities
- Why Community Health Workers' Roles in Latinx Communities are Essential
- Community Health Worker Code of Ethics

# Principle 4: Center Racial Equity in the Design, Implementation, Dissemination, and Improvement Planning

## Strategy: Apply Mixed Methods Approaches

Consider using a mixed-method approach for study design (including data collection, sampling, and analysis). For example, apply both qualitative (focus groups, interviews, listening sessions) and quantitative methods for a comprehensive truth-grounding of community experiences in the workforce. To ensure equity and inclusive sampling of community, over sample underrepresented and intersecting social identities. Make sure that smaller racial/ethnic groups in communities are not excluded in analysis or aggregated in larger groups. Prepare open-ended self-identifying questions including for race/ethnicity. Set an analysis plan and consider disaggregating data by race/ethnicity, gender, and language. Use metrics to monitor and track disparities among the workforce by geography, employment sector, gender, and race/ethnicity. Consider geospatial, network, policy-level, and cross-sectional analyses to monitor and address career barriers and structural roots of inequities (e.g. perceptions of CHWs in care teams, employment, pay equity) and as well promote storytelling, self-care, career and coaching support, and

mental health needs of CHWs across the state. Integrate findings and report on each method.

**Resources to learn more:**

- A Guide to Using the CHW Common Indicators (chwcre.org)
- Assessing the Community Health Worker (CHW) Workforce at the State and Local Level
- National Community Health Worker Patient Centered Outcomes Collaborative
- Community Health Worker Initiatives: An Approach to Design and Measurement
- Community Health Workers and Promotoras' Perspectives of a Research Best Practice Course: A focus Group study

## Strategy: Ensure Community Accountability in Reporting and Dissemination

Share the study findings with a racial equity lens, attuned to culturally appropriate forums and access that acknowledges historical traumas that create opportunities for collective understanding. Engage with CHWs, CHW Networks, and community members as trusted gatekeepers. Reporting and dissemination are iterative processes. As new analyses are done, keep CHW Networks and CHWs involved and engaged. Make sure that smaller racial/ethnic groups in communities are not excluded in reporting. Share graphics and images that are culturally attuned and promote asset-based narratives. In achieving racial and health equity, create report and dissemination programming that ensures public discourse and dialogue. For example, consider data walks vetting approaches for reporting and dissemination with CHW Networks, CHR leaders and Promotoras. Reporting and dissemination strategies may include community engagements in person or in webinars with opportunities for interaction of meaning of the data and opportunities for action that address CHW-led priorities. Include public health administration and policy makers in this engagement.

**Resources to learn more:**

- NACHW, Partners in Health, and National CHW and Promotora Organizations gather for Historic Congressional and Capitol Hill visits in Washington, D.C.
- Community Health Workers in the United States: Challenges in Identifying, Surveying, and Supporting the Workforce
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

## Strategy: Design Continuous Evaluation/Learning and Improvements with CHWs

Continuously assess and reflect on the study's methodology, process, and outcomes with CHWs and CHW Networks. Adapt and improve the research process based on feedback and lessons learned. Work with the CHW advisory board and networks to promote understanding of research, data collection, protocols, analyses, and interpretation. Consider offering training and inclusion tools (also known as translation tools) in respect of the overall scope of work among CHWs, Community Health Representatives, Promotoras, Aunties/Uncles, outreach workers, etc. This will ultimately enhance opportunities for better questions, process, and outcomes with and for the workforce who are deeply committed to advancing racial and health equity.

### Resources to learn more:

- Community Healing through Activism & Strategic Mobilization
- The Community Health Worker (CHW) Common Indicators Project: Engaging CHWs in Measurement to Sustain the Profession

# Principle 5: Leverage Findings to Promote CHW Sustainability and Equity

## Strategy: Activate Policy Recommendations

Partner with CHW Networks and Associations to advance policy recommendations by providing funding, training, and technical assistance. Develop policy recommendations based on CHW workforce study's findings and context with CHWs. CHWs are nearest to solutions to the wicked problems of racial inequities. Follow self-determination, and community-directed approaches. Co-advocate for policies and structural changes that promote equity in CHW roles, workforce development, employment, career advancement and financing. Understand that data collection and evaluation is actionable to achieve health and racial equity.

### Resources to learn more:

- NACHW Data for Action
- NACHW CHW National Policy Platform (English & Spanish)
- Community Health Worker Integration in Health Care, Public Health, and Policy: A Partnership Model
- Fighting the COVID-19 Merciless Monster: Lives on the Line- Community Health Representatives' Roles in the Pandemic Battle on the Navajo Nation
- Community Health Workers - National Academy for State Health Policy
- Hiring Practices that Support State Integration of Community Health Workers

## Strategy: Nurture a Feedback Loop

Establish a feedback loop with CHWs, CHW Networks and communities to ensure that their expertise and recommendations are applied to the study design, objectives, implementation, and interpretation of results. Apply continuous learning and development while respecting CHW values and priorities. Create environments where CHWs with intersecting identities and lived experiences can share constructive feedback and address concerns about racial equity. Nurturing a feedback loop provides opportunities to collect and respond to feedback that advances the CHW workforce and public health overall. Tailor and adapt approaches in service to CHWs and communities that CHWs serve.

### Resources to learn more:

- Community Health Workers in the United States: Challenges in Identifying, Surveying, and Supporting the Workforce
- Centering Racial Equity in Measurement and Evaluation

# Conclusions

Applying an equity lens to all aspects of a workforce study is critical. Ensure that an equity lens is brought through the ideation (purpose goals, objectives, design (questions and analysis plan), implementation (data collection and analysis), and dissemination (presentations, inclusion documents and other accessible formats). CHWs, community-based organizations, advocacy groups, and academic institutions must be able to articulate the study aims and findings in plain language.

Achieving racial and health equity requires studies that are reflective of diverse cultures, race, ethnicity, lived experience, and geographies. In order to reach communities, forming trusting relationships is the ultimate starting point. Because CHWs front-line work, and lived experiences of and histories of oppression, CHWs understand and know the way forward to building and applying workforce studies. State health departments that collaborate with CHW Networks and Associations will ultimately build a better future of community health, well-being, and equity.

We encourage staff at state and local health departments and you to serve as a catalyst for change! After diving into the principles and strategies provided, think about how you and your colleagues can work together to engage with the Community Health Worker Networks within your community and beyond. Your active involvement is crucial to implementing more equitable practices to address the unique needs of the diverse populations we serve. Let's work together to build a stronger, more responsive healthcare system.

# About the National Association of Community Health Workers

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 was founded by and is led by a majority of CHWs in the Executive and Board positions.

NACHW recognizes and advances the history, identity, roles and advancement of Community Health Workers (CHWs - including Community Health Representatives from tribes (CHRs), Promotoras/es, Aunties/Uncles from Asian American/Pacific Islander and

Native Hawaiian populations and over 90 different work titles). Our values - self-determination, self-actualization, dignity and respect, integrity, and social justice are our north stars. NACHW's over 3500 individual and organizational members hail from all 50 states, and over two dozen tribal nations and U.S. territories. Our email and COVID-19 listservs reach over 22,000 individuals and organizations.

In 2020, the National Association of Community Health Workers (NACHW) published a translation report of assessments and recommendations of the Community Health Worker workforce at the state and local level integrating resource collected by the NACHW CHW Document Resource Center, our national CHW policy document repository.

In 2019 and 2022, NACHW launched national surveys of CHW membership organizations to collect information about local state, and regional CHW membership organizations in the US, focused on organizational governance, programming, network expertise and needs.

In 2021 amidst the unprecedented public health crisis of COVID-19, NACHW organized CHW leaders to design and implement a national survey for the CHW workforce. CHWs, CHRs, promotoras, aunties, outreach workers, were among the 90 different CHW titles identified with 27 different languages spoken, across 859 zip codes in the United States. The survey addressed areas of social determinants of health and racial equity including CHW experiences in leadership, pay equity, professional roles, and titles, CHW Networks, career pathways and barriers, and the work environment. Each of the resources provides opportunities for action in national, state, and employers' practices and policies, and in research, training, and workforce development.

## Special Thanks to CHWPS Advisors

NACHW advisors in the development of **CHWPS** include diverse CHWs, CHRs, and Allies who have led seminal CHW policy, research and professional development studies and initiatives over the last 30 years. We would like to thank the following individuals for their historical leadership, professional expertise, and influence on the advancement of the CHW profession and movement, and for their advisement in this work.

- Mae-Gilene Begay, Navajo Nation; Founding Member of the National Association of CHRs and the National Association of Community Health Workers
- Ramona Dillard, Laguna Pueblo; Founding Member of the National Association of CHRs and the National Association of Community Health Workers
- Pennie Jewell, CHR, Center for Research & Evaluation
- Victoria Adewumi, CHW, Center for Research & Evaluation
- Gail Hirsch, Founding Member of the National Association of Community Health Workers

- Lee Rosenthal, Core Consensus Project
- Edward Tran, MS, Stanford University and National Association of Community Health Workers
- Ashley Wennerstrom, Founding Member of the National Association of Community Health Workers
- Noelle Wiggins, ED, Center for Research & Evaluation
- Geoffrey Wilkinson, Founding Member of the National Association of Community Health Workers

# APPENDIX A.

## An Overview of CHW Workforce Studies and Assessments

> **"With these and many other progressive developments, the community health worker is assuming, and will increasingly assume, his rightful educational role in the community, and provide leadership in public health."**
>
> - Malcolm H. Merrill. MD, *Past President of the American Public Health Association Address at the First General Session at the Eighty Eighth Annual Meeting of the American Public Health Association in San Francisco, Calif., November 1, 1960.*

Historically, CHWs have always existed in different cultures as trusted community-endorsed leaders, who have sustained tribal healing practices and languages, and provided servicio de corazón, as well as integrated traditional health knowledge and beliefs from African, Asian American, Pacific Islander and Native Hawaiian populations despite the impacts of colonization and prevalence of European medical practices (Covey, 2007, Kawakami KL, et al, 2022).

Currently, the national survey data collected by NACHW during the COVID-19 pandemic in 2021 confirms that the CHW workforce today is comprised of predominately females representing diverse races, ethnicities, and languages.

Formal documentation and research of Community Health Workers has been present since the 1960s, for which Community Health Representatives became federally funded and were formally recognized among tribal nations. Today, there are more than 1600 CHRs in at least 250 tribes representing all 12 IHS areas.

In the early 1970s, public health journals began publishing research describing the roles of trusted frontline workers with shared lived experiences to improve black consumers' decision making and the overall quality of healthcare. The Black Panthers and the Young Lords were significant contributors to public health, in their advocacy for patients' rights to Respectful medical care (Snyder and Young Lords, NYT, Oct 2021) and community medicine (Basset, AJPH Oct 2016).

While Community Health Workers (CHWs) did not receive recognition as a workforce from the U.S. Department of Labor until 2010, this diverse frontline workforce can celebrate decades of significant policy and infrastructure wins because of their advocacy and organization, including:

- 1968: The CHR program was established by Congress in response to the expressed needs of American Indian and Alaska Native governments.

- 1998: National Community Health Advisory Study, the first formal national assessment of the CHW workforce.
- 1978: The National Association of Community Health Representatives (NACHR) was founded
- 2002: The APHA CHW Section formally adopted the policy that nationally recognizes and supports CHWs' contributions to meeting our nation's health care needs.
- The coordination of the American Association of CHWs (a precursor to the NACHW) in 2006.
- 2007: Community Health Worker National Workforce Study, first US federal workforce study, Health Resources and Services Administration Bureau of health Professions.
- In 2009, the United States Department of Labor (DOL) recognized CHWs as a distinct occupation by creating a standard occupational classification for the field.
- The establishment of a CHW standard occupational classification by the Dept of Labor in 2009.
- CHWs are added to the Dept of Labor list of occupations that can have apprenticeships in 2010.
- Designation of CHWs as health professionals in the Patient Protection and Affordable Care Act.
- The launch of the National Association of Community Health Workers in 2019.
- Identification of CHWs as essential critical infrastructure workers by the U.S. Department of Homeland Security at the start of the SARS-COV-2 pandemic.

## National CHW Workforce Assessments

In 1998, (along with revitalizing the CHW Special Primary Interest Group in the American Public Health Association), the National Community Health Advisor Study (NCHAS) was published. The study comprised of 281 participants identifying as Community Health Advisors and program supervisor across 31 states, Washington, DC, and across rural and urban areas. Of the respondents in the study, 85% were Hispanic, 69% were non-Hispanic white, 60% were African American, 42% were Asian/Pacific Islander, and 41% were Native American. Beyond its significance as the first formal national assessment of the CHW workforce, it acknowledged an "array of health practitioners known nationally and internationally by many different titles.... [such as] Lay Health Advocate, Promotor, Outreach Educator, Community Health Representative, Peer Health Promoter, and Community Health Worker" and forecast that their recommendations on roles, evaluation and career advancement would benefit not only the CHW workforce but would help prepare the U.S. to respond to the needs of an ever increasing and diverse population as they face "barriers to care, such as cost and transportation...exacerbated by the growing influence of language and cultural barriers."

The 2007 National CHW Workforce study implemented by Health Resources and Services Administration (HRSA), was done in response to rising costs in health care delivery and financing. "This report describes a comprehensive national study of the community health worker workforce and of the factors that affected its utilization and development," and includes extensive demographics, wage, employment and volunteer status data, workforce growth data, and detailed program cases funded by HRSA and others.

At the time of the 2007 National CHW Workforce Study, there was no formal occupational code that employers could use to identify their CHW employees. Through rigorous outreach and engagement with CHWs employers delivering counseling, substance abuse, educational-vocational counseling, health education, and other health and other community services and approximations of paid and volunteers CHWs, the study estimated that there were 86,000 CHWs serving in America (HRSA, 2007). The workforce study of 504 CHW participants, were composed of 5% were American Indian/Alaskan Native, 4.6% were Asian/Pacific Islander, 15.5% were Black/African American, 35.2% were Hispanic and 38.5% were non-Hispanic white. Sixty-nine percent of CHW respondents had a two-year college degree or below, 34% of CHWs achieved a high school diploma and 22% had some college. Thirty percent of CHWs had a four-year degree. No CHWs had a master's degree or doctorate.

In 2014, the National Community Health Worker Advocacy Survey was the largest online survey aimed to identify the state and impact of the CHW community advocacy and engagement to address health disparities. The preliminary data came from 45 of 50 US states and 4 territories and, included 1,995 individuals who started the online survey. Of the 93% of CHWs, 45% described themselves as Hispanic/Latino(a), 89% described themselves as female, and 35% of respondents graduated from college.

More recently, the de Beaumont Foundation has implemented PHWINS (Public Health Workforce Interest and Needs Survey), the largest public health workforce assessment measuring "strengths and gaps to inform future investments in funding, training, recruitment, and retention".

The latest PHWINS(2021) survey was distributed to over 137,000 state and local health departments, (47 state health agencies, 29 big city health departments and 259 local health departments). Forty-four thousand public health workers who responded to the 2021 survey describe themselves as mostly white (54%), mostly female (79%), and majority were over 40 (63%). Thirty-seven percent of the workforces had an advanced degree and 31% held a master's degree.

According to de Beaumont, Community Health Workers account for 2 percent of the national governmental public health workforce. The number of respondents is not reported, but demographic data indicate that 82% of the CHW respondents were female

and 70% identify as being Black, Indigenous or a Person of Color. Seventeen percent of CHW survey respondents have an advanced degree, 15% have a master's degree and 6 percent have a doctorate. All CHWs in the survey work in clinical and lab settings in the health departments. In comparison to the majority of national CHW surveys and studies, this study presents a discrepancy in the data in considering race/ethnicity, education, and settings when explaining the CHW workforce.

## State Level Workforce Studies

State health departments get funding from federal agencies (HRSA, CDC, OMH, etc.) to engage, advance, integrate CHW roles, and services that improve health and wellbeing. Recommendations on engaging community health works related to diabetes prevention, interventions engaging CHWs in diabetes management, increase screening for breast cancer, cervical cancer, and screening for colorectal cancer, and engage CHW in a team-based care model to reduce heart disease and stroke prevention. CHW engagement for cardiovascular disease prevention and management provide emerging evidence of cost benefits.

As a requirement of early health care reform legislation, the Massachusetts Department of Public Health surveyed the CHW workforce in 2008 to gather data on staffing, current activities of CHWs, populations served, salary & benefits, recruitment & retention, training for CHWs, impact of CHWs, and funding sources. The results of the survey were presented to the Massachusetts legislature in 2010 and informed the subsequent successful campaign to pass legislation that led to voluntary certification for the field.

Since 2007, approximately 20 – 34 states have also conducted workforce studies, assessments, and surveys. In addition, Community Health Representatives and Promotoras have also prepared workforce studies.

**Table 1: State CHW Workforce Studies, Assessments, and Surveys**
This list is not comprehensive. It also includes studies that have been published.

| State | Year | Title |
|---|---|---|
|  Arizona | 2019 | Community Health Worker Workforce: Assessment of the Integration and Financing of Community Health Workers within Arizona Medicaid Health Plans |

| | | |
|---|---|---|
|  California | 2021 | The Economic Impact of COVID-19 on the Promotora Workforce |
|  Indiana | 2020 | Indiana Community Health Worker Needs Assessment |
|  Louisiana | 2017*, 2020 | The Louisiana Community Health Worker Workforce Study Committee Report |
|  Massachusetts | 2001*, 2009, 2014*, 2016, 2021* | Massachusetts Community Health Worker Survey Report |
|  Michigan | 2018, 2020 | Michigan CHW Employer Survey 2018: Final Evaluation Report |
|  Minnesota | 2014 | Statewide Survey of CHWs in Minnesota |
|  Montana | 2017 | HealthCARE Montana: Creating Access to Rural Education |
|  Nebraska | 2020 | Strengthening the Community Health Worker Workforce to Improve Maternal and Child Health in Nebraska: A State-Wide Assessment of Needs, Barriers, and Assets |

| | | |
|---|---|---|
|  New Hampshire | 2017 | Community Health Worker (CHW) Assessment 2017 North Country Region |
|  Pennsylvania | 2017 | Examination of Community Health Workers in Rural Pennsylvania |
|  Rhode Island | 2021 | Community Health Worker Assessment: Exploring Opportunities for Sustainability |
|  Vermont | 2023 | 2022 Vermont Community Health Worker Surveys |

*Not published on web

## Summaries of National Workforce Studies

**"In the absence of a system to reliably collect public health workforce data such information is problematic to interpret or use for infrastructure planning and development."(Merrill, Btoush, Gupta, Gebbie, 2003)**

It is important to note that as the CHW workforce evolves, statewide workforce development initiatives and processes are applicable to conducting workforce studies. In issuing state-level planning and evaluation, we've identified three national summaries of the statewide CHW workforce initiatives. In 2020, CHWs and researchers conducted an assessment to include identifying the presence of statewide CHW organizations in each state in processing and deploying 12 steps emphasizing investments for statewide CHW workforce such as: developing evidence and tools to support statewide CHW initiatives, and assessing increased or enhanced statewide CHW employment, to name a few. processes for implementation, which are applicable to conducting workforce studies workforce studies. The Centers for Disease Control (2021) conducted a multi-phase study to explore state-level CHW workforce development processes for which 12 processes were

also organized in a model. These two models have similarities and confirm many of the opportunities to build and promote CHW statewide workforce studies for CHW workforce sustainability.

From the beginning of the first study to 2007, CHWs roles then and now have helped develop the CHW workforce in a unifying way by codifying CHW programs, roles and skills, resolving workforce issues and promoting advancement in the field. Given that state CHW workforce surveys may not be all published, there is a challenge to apply and share knowledge across different states reducing understanding of methods and strategies that are supportive to the field and could connect with national survey development. It is important to respect, protect, and authentically partner with the CHW workforce and its history, and to adopt approaches with CHW-led Networks and associations.

The principles critical to preparing and carrying out workforce studies begin by understanding the challenges, barriers, and practical recommendations. CHW survey methods, challenges, and opportunities to identifying, engaging, surveying and supporting the CHW workforce and the important role of “timely, accurate information about CHWs” are reflected in the research article. The recommendations outline a practical guide which are similar to the recommendations that are provided in the CHWPS.

# APPENDIX B.

## Get Ready with Principles and Strategies to Developing an Equitable CHW Workforce Study

This assessment helps health department teams identify areas of progress and identify areas technical assistance as they seek to develop an equitable CHW workforce study. This assessment identifies key strategies and guides the user to access principles and resources for deeper learning and application. Complete the self-assessment or click here to take the assessment online.

Answer the following questions 14 questions to assess where you or your department is prepared for developing a CHW workforce study, with the following response options.

a. Yes, we are full steam/we feel like we are champions!
b. We are getting closer but could use some help!
c. No, we need help getting started!

1. We have adopted the APHA definition policy#20091 defining the CHW workforce.
2. We have adopted APHA policy #201414 that promotes at least 50% of CHW leadership in workforce development boards and advisories.
3. We have formed a reciprocal partnership with our local/state Community Health Worker Network or Association.
4. We have integrated the full set of CHW roles, sets, and qualities found in the CHW core consensus project.
5. We have integrated the CHW common process and outcome indicators to measure CHW impact and practice.
6. We apply community-based participatory approaches and frameworks.
7. Our research is conducted with cultural respect, ethical practice, and cultural competence.
8. We acknowledge intersectionality, inclusivity, and trauma informed approaches.
9. We ensure language and technology accessibility in all processes and products.
10. We offer market rate compensation to CHWs and community members.
11. We apply both quantitative and qualitative methods for a comprehensive truth-ground of community experiences in the workforce.
12. We share study findings to ensure public discourse, dialogue and accountability to the CHW workforce.
13. We have created a plan to continuously assess and reflect on the study's methodology, process, and outcomes with CHWs and CHW Networks/Associations.
14. We develop policy recommendations based on CHW findings and context with CHWs.

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