

Resolution approved in October 2001 at the 129th Annual APHA Conference

Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs

The American Public Health Association,

Being aware that the formal participation of Community Health Workers (CHWs) in health and human services systems has been documented in the United States since the 1950s, and that current estimates indicate more than 12,000 CHWs serving throughout the U.S. in a diverse array of cultural settings in programs involving both volunteer and paid CHWs, utilizing many different titles, including Lay Health Advocate, Promotor(a), Outreach Educator, Community Health Representative, Peer Health Promoter, and Community Health Outreach Worker; and, Knowing that the roles of CHWs vary greatly, depending on the needs of the community being served, and that CHWs work in clinics, homes, community centers, and the streets, successfully addressing some of the most difficult health problems of our time, including the prevention of HIV/AIDS; the treatment of tuberculosis; helping pregnant and parenting women access early prenatal care; promoting the timely use of immunization services; increasing the utilization of cancer screening services; aiding families in managing childhood asthma; and, detecting and preventing lead poisoning; and successfully building community capacity; and Knowing that, due in part to their status as members of the community in which they work, CHWs effectively bridge sociocultural barriers between community members and the health care system; and, Recognizing that CHWs, through the National Community Health Advisor Study, identified seven core roles of their work, which are:

- Bridging cultural mediation between communities and health and social service systems
- Providing culturally appropriate health education and information
- Assuring people get services they need
- Providing informal counseling and social support
- Advocating for individual and community needs
- Providing direct service, such as basic first aid and administering health screening tests
- Building individual and community capacity; and

Understanding that while diversity and flexibility to serve unique communities' needs are a strength of CHWs, the lack of a standard definition of who CHWs are, also contributes to their lack of recognition; and, Understanding that, while individual CHWs are doing innovative work, the lack of cohesion among CHW programs, linked to the varied settings and issues in which CHWs work, and the instability of funding for CHW programs, tends to undermine the ability of CHWs to achieve their full potential; and, Knowing that while operating independently under various funders' mandates, CHWs have not easily shared such resources as training curricula and evaluation

methods, and that CHW evaluations are frequently poorly designed and implemented due to limited funds, inadequate skills, and the lack of time needed to show results, leading to difficulty documenting the contributions CHWs make to improving health and utilization of services; therefore,

1. Urges all health and human service professionals to recognize the skills and unique attributes that both volunteer and paid CHWs bring to their work;
2. Urges CHWs and their advocates to: (a) develop a definition of the roles and functions of CHWs that clarifies the relationships to and distinctions from other professionals in health and human services; and (b) work with the Department of Labor to develop a definition of CHWs;
3. Encourages traditional and non-traditional educational institutions to develop and support effective training curricula for CHWs and their supervisors that link to defined core roles and competencies;
4. Urges federal, state, local, tribal public health and aging agencies, as well as private providers and payors to institute permanent funding streams for CHWs;
5. Urges the U.S. Congress to recognize the work of CHWs in meeting our most troubling health concerns and appropriate funds to support CHWs;
6. Urges public health professionals to include CHWs in efforts to establish a public health credentialing process;
7. Encourages national policy makers to support meaningful evaluation of CHW programs, with CHWs leading such evaluation efforts; and,
8. Urges local, state, tribal and national CHW organizations and advocacy groups to join together with CHWs at the helm, to promote visibility of CHWs and create a unified voice for the CHW field.

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