

COMMUNITY HEALTH WORKERS AND OTHER LAY COMMUNICATORS



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An Overview for Researchers

Who are Community Health Workers?

Community Health Workers (CHWs) act as liaisons, educators, and cultural mediators between healthcare and social service resources and the communities they serve, including COVID-19 priority populations – Blacks/African Americans, Hispanics/Latinos, and American Indians/Alaska Natives. CHWs are frontline health workers who build individual and community capacity by increasing knowledge and self-sufficiency^{1,2} through:

- Outreach, which is meeting individuals where they are to provide much needed access to services found in that community
- Health education
- Informal counseling
- Social support
- Advocacy

CHWs are natural helpers and are often actively involved in their faith community, as a volunteer, or as a student. They often come from the groups they are serving, which means they may be experiencing the same health disparities and barriers. Consequently, it is important to ensure CHWs have the resources they need to serve to the best of their ability, including opportunities for career advancement. CHWs can have different titles, including:

- Promotores de salud
- Faith health workers or nurses
- Community health advisors
- Lay health educators
- Peer counselors or educators
- Health interpreters
- Outreach workers

What do Community Health Workers do?

CHWs provide support to communities in many ways including:

- Planning health initiatives and policy
- Identifying issues and barriers to health care access that diverse racial and ethnic groups face regarding COVID-19
- Ensuring that evidence-based efforts reflect the needs of groups disproportionately affected by the pandemic
- Building individual, community, and system capacity by increasing health knowledge and trust surrounding COVID-19 prevention and treatment strategies. CHWs do this through the following actions:
 - Community health outreach, education, and information sharing
 - Social support, informal counseling, and mentoring
 - Educating people about taking part in clinical research
 - Educating researchers and/or administrators about community needs and preferences
 - Arranging patient navigation and follow-up
 - Assisting with and improving data collection
 - Delivering interventions in pragmatic trials — studies that evaluate the effectiveness of interventions in conditions more similar to real-life practice than typical clinical trials — in a cost-effective manner



What benefits do CHWs bring to COVID-19 research?

CHWs drive community-engaged outreach to address widespread COVID-19 misinformation because they:

- Are passionate, compassionate, and have a desire to serve their community
- Are trusted members of their community and can improve trust in public health leaders and encourage community members to take part in clinical research
- Share life experiences and have a keen understanding of the culture, ethnicity, language, socioeconomic, and social determinants of health of the communities they serve
- Have a seat at the table for planning, developing, and disseminating health initiatives while encouraging the community to follow health recommendations and decrease risky behaviors
- Are able to translate complex health information into easily understandable language for the lay community

Where can I find CHWs?

- The [Rural Health Information hub](#) describes the status of state CHW programs and provides CHW toolkits and state-specific resources
- Partner with local community-based organizations

What trainings do CHWs receive?

CHW models, training, and certification vary across states. Some states have a statewide certification program; others are privately operated or under development. Training must reflect the program goals and expectations for CHWs. Also, training should focus on meeting established core competencies or gaining skills and knowledge on a specific health topic including clinical research. It is important to keep CHW well-being top of mind and provide access to pathways for professional development.

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For more information and resources to develop a CHW training program, visit:

- [National CHW Training Center](#)
- [Rural Health Information hub Training Materials for CHW Programs](#)
- [CHW Central](#)
- [Centers for Disease Control CHW Toolkit](#)
- [Clinical Trials Training for CHWs](#)

What do CHWs get paid?

Sustaining CHW programs requires adequate program funding and fair compensation for frontline health workers. The national hourly percentile wage estimate for CHWs ranges from \$12.82 (10th percentile) to \$32.86 (90th percentile).³

Where can I learn more?

To learn more about CHW resources, visit:

- National Association of Community Health Workers www.nachw.org
- American Public Health Association <https://www.apha.org/apha-communities/member-sections/community-health-workers>

REFERENCES

1. American Public Health Association. (2009). Policy number 20091: Support for community health workers to increase health access and to reduce health inequities [online]. <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policydatabase/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities>.
2. Balcazar, H., Rosenthal, E. L., Brownstein, J. N., Rush, C. H., Matos, S., & Hernandez, L. (2011). Community health workers can be a public health force for change in the United States: Three actions for a new paradigm. *American Journal of Public Health*, 101(12), 2199–2203. <https://doi.org/10.2105/AJPH.2011.300386>
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