The Project on Community Health Worker (CHW) Policy and Practice was created in late 2011 as a special statewide and national initiative of the Institute for Health Policy.

The Project's purpose is to serve as a statewide and national leadership resource for advancement of the CHW workforce through the provision of research, policy analysis and stakeholder education. The Project Core Team includes national leaders in CHW policy development and research who are active in the American Public Health Association (APHA). The Core Team also has access to a broad network of other experts in specific aspects of the CHW field, and will seek public and private grants and contracts to support its work.

The Project is committed to the promotion of CHW leadership and self-determination through CHW involvement in these activities and support for CHW networks and associations at the state and national levels. The Center will support CHW roles in both provision of health care and community-based public health.

Community Health Workers

APHA Policy Statement 2009-1 defines CHWs as

“...a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

CHWs, also known as Promotores de Salud, outreach workers, lay health advisors and other titles, have been contributing to public health for decades, but have come to greater prominence in recent years through a growing body of research attesting to their contributions, recognition as an occupation by the U.S. Department of Labor and prominent mention in the Patient Protection and Affordable Care Act. State and federal policy, however, have not kept pace with the growing interest in this workforce. At least a dozen states are seeing significant movement toward more supportive policies around CHWs.

Project goals

Key aims of the Project are to:

- support development of CHW policy and financing strategies for CHW employment;
- promote awareness and recognition of CHW roles and contributions; and
- build CHW leadership capacity and offering technical assistance to CHWs, their networks/associations and their employers.

The Project and its core team have been engaged in the following initiatives since its inception:

- Research under contract from the Texas Department of State Health Services for a report to the Legislature on the "desirability and feasibility" of increased CHW employment in Texas (the report was submitted in December 2012)
• A CHW workforce survey for the Indiana State Department of Health
• A policy study for Public Health Seattle/King County on development of internal policies on CHW employment and linkages between public health and provision of safety net health care services
• A contract with a national CDC REACH project for evaluation and technical assistance services to 15 project sites in eight states
• Technical assistance to CHW state-level policy initiatives in Michigan, New York, Florida, Mississippi, New Mexico, Nevada and Arizona
• A joint proposal with the University of Florida to the Patient-Centered Outcomes Research Institute (PCORI) on best practices in employment of CHWs in chronic disease prevention and management
• CHW and supervisor training services in Indiana, Maryland and Nevada

CHWs as leaders

The Project is committed to the long-term development of participation by CHWs in leadership roles in research and policy development. To that end, the Project is seeking to develop advisory bodies and internship opportunities for experienced CHWs in all of its future activities. Since the CHW discipline is not based in conventional academic preparation, special efforts will be needed to orient CHWs to the expectations of research and policy development. We believe, however, that such efforts are necessary for the long-term growth and stability of the CHW profession.

For more information

Please contact Dr. Héctor Balcázar, lead faculty for the Project, at Hector.G.Balcazar@uth.tmc.edu or 915-747-8507.

The Project Core Team

Héctor G. Balcázar, PhD, is the Regional Dean of Public Health at the University of Texas Health Science Center at Houston, School of Public Health, El Paso Regional Campus and lead faculty for the Project on CHW Policy and Practice. He is also a professor of health promotion and behavioral sciences. Prior to joining UT, he was a professor and Chair of the Department of Social and Behavioral Sciences, School of Public Health at University of North Texas Health Science Center at Fort Worth, TX. He has led numerous Promotora/CHW studies over the past ten years, including the recent Project HEART from the NIMHD-NIH and the Reach Su Comunidad Consortium from CDC.

E. Lee Rosenthal, PhD, MS, MPH has served in a leadership role in numerous groundbreaking policy projects in the CHW field, including the National Community Health Advisor Study, the CHW Evaluation Toolkit Project, the CHW National Education Collaborative. She recently led a retrospective evaluation of the Community HealthCorps Program for the National Association of Community Health Centers, examining the role of CHWs and other “Members” serving health centers across the US. In each project she has insured CHWs’ leadership and active participation in research and policy development. Lee has played a long-term role in the development of the APHA unit which became the
CHW Section in 2009; she continues to serve as an active Section Special Advisor. Lee serves on various national and regional advisory groups aimed at improving health equity and integration of CHWs in the US public health workforce.

**Carl H. Rush, MRP**, was a lead author on the CHW National Workforce Study for HRSA, and has consulted with numerous organizations on CHW policy and education, including the Urban Institute, National Council on Aging, the American Dental Association, the CHW National Education Collaborative, the National Cancer Institute Patient Navigator demonstration in San Antonio, the American Association of Diabetes Educators, numerous state health departments, the New York State Health Foundation, Migrant Health Promotion, and Area Health Education Centers in Texas, New Jersey, Wisconsin, Mississippi and Connecticut. He led the CHW program at Northwest Vista College in San Antonio from 2001 to 2004. He has represented the CHW Section on the APHA Governing Council, Education Board and Joint Policy Committee, and serves as an advisor to the federal Office of Women’s Health for their new CHW leadership development initiative.

**Jacqueline R. Scott, JD, ML**, is an attorney and policy expert specializing in health and social welfare policy focusing on women and families. She is currently Senior Director, Strategic Integration for HCD International, a health systems consulting firm, and formerly served as a Senior Program Director for the National Academy for State Health Policy. Ms. Scott served as Co-Director of the Center for Sustainable Health Outreach, and continues to consult with numerous organizations and government entities on CHW workforce development and policy. She holds faculty appointments at the Harrison Institute of Public Law, Georgetown Law Center and the Department of Health Services and Management at the School of Public Health, University of Maryland-College Park. Ms. Scott and Mr. Rush have served as advisors to the Centers for Medicare and Medicaid Services on disparities initiatives under Medicare since 2008. Ms. Scott was recently elected to represent the CHW Section on the APHA Governing Council.