



# Organizing for Change: How CHWs Will Change the World

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A portrait of a man with dark hair, glasses, and a goatee, wearing a grey suit jacket over a light-colored checkered shirt. He is positioned in the center of the frame against a background of dense green foliage. The text 'Personal Story' is overlaid in white on his chest.

# Personal Story

# CHW Defined

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- NACHW: Community Health Worker is an umbrella term and includes community health representatives, promotores, peers and other workforce members who are frontline public health professionals that **share life experience, trust, compassion, cultural and value alignment** with the communities where they live and serve.

# CHW Defined

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- APHA: A community health worker is 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 worker 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 community health worker 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.

# CHW Defined

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- WHO: health care providers who live in the community they serve and receive lower levels of formal education and training than professional health care workers such as nurses and doctors.
- This human resource group has enormous potential to extend health care services to vulnerable populations, such as communities living in remote areas and historically marginalized people, to meet unmet health needs in a culturally appropriate manner, improve access to services, address inequities in health status and improve health system performance and efficiency.

# CHW Defined

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Ricardo's definition: A **Community Organizer** that focuses on health and liberation.

# Power

A close-up photograph of a chessboard with several dark wooden pieces standing upright and one light-colored piece lying on its side. The background is blurred, showing a warm, bokeh light source. The text 'Power' is overlaid on the left side of the image.

## Definitions:

1. : ability to act or produce an effect
2. : possession of control, authority, or influence over others

# Power Analysis

**An understanding of relationships in the communities, resources, decision making and practical implementations**

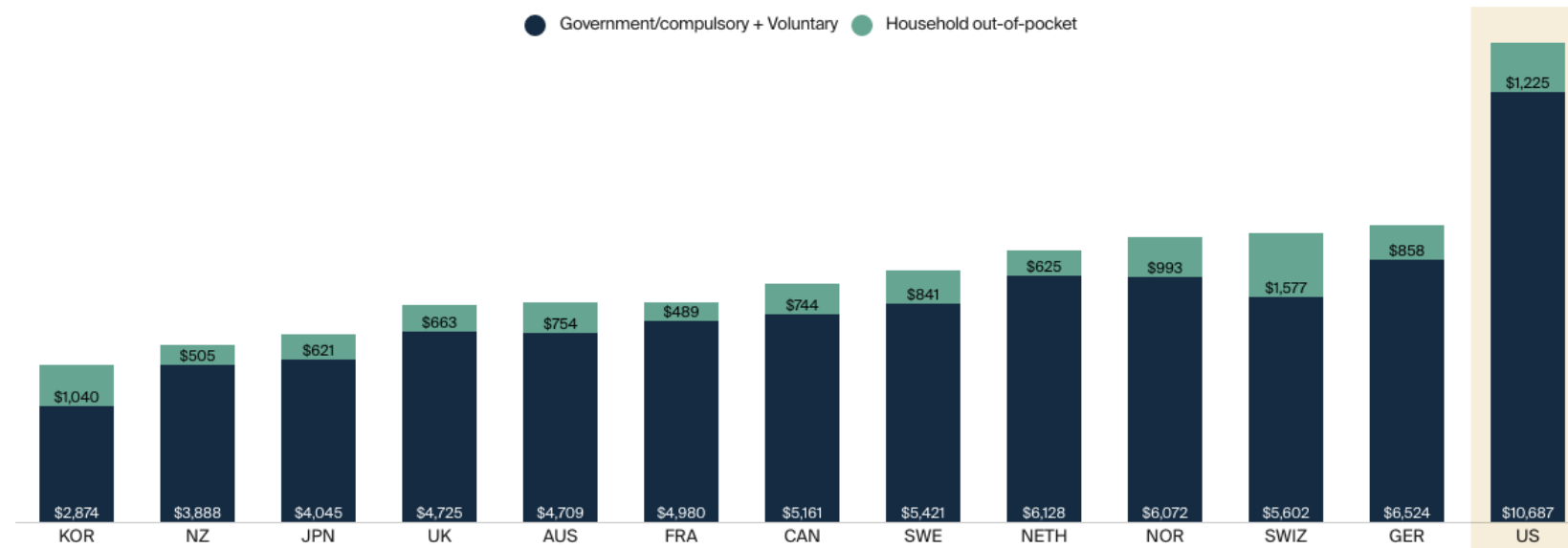
- **Who benefit the most and least?**
- **Who makes decisions or hold veto power?**
- **Historically, who has made decisions?**
- **How are decisions made?**
- **Who defined the language?**
- **Who has not participated, why?**
- **Are there any imbalances? How are they addressed?**
- **How do resources affect decisions in different communities?**
- **Equity Lens**



# Root Cause(s)?

## The U.S. spends three to four times more on health care than South Korea, New Zealand, and Japan.

Dollars (USD) per capita spend on health expenditures



Notes: Data reflects all financing schemes on all functions of current expenditures on health by all providers. The OECD considers the vast majority of ACA marketplace plans in US to be “government/compulsory spending” because of the individual mandate, despite its repeal in 2018. See here for more information: <https://www.oecd.org/health/Spending-on-private-health-insurance-Brief-March-2022.pdf>. Government/compulsory spending data: 2021 data for CAN, GER, KOR, NETH, NOR, SWE, and UK; 2020 data for AUS, FRA, JPN, NZ, SWIZ, and US. Voluntary spending data: 2021 data for CAN, GER, KOR, NETH, NOR, SWE, and UK. 2020 data for FRA, JPN, SWIZ, and US; 2019 data for AUS; 2018 data for NZ. Household out-of-pocket spending data: 2021 data for CAN, GER, KOR, NETH, NOR, SWE, UK, and US; 2020 data for FRA, JPN, and SWIZ; 2019 data for AUS; 2018 data for NZ.

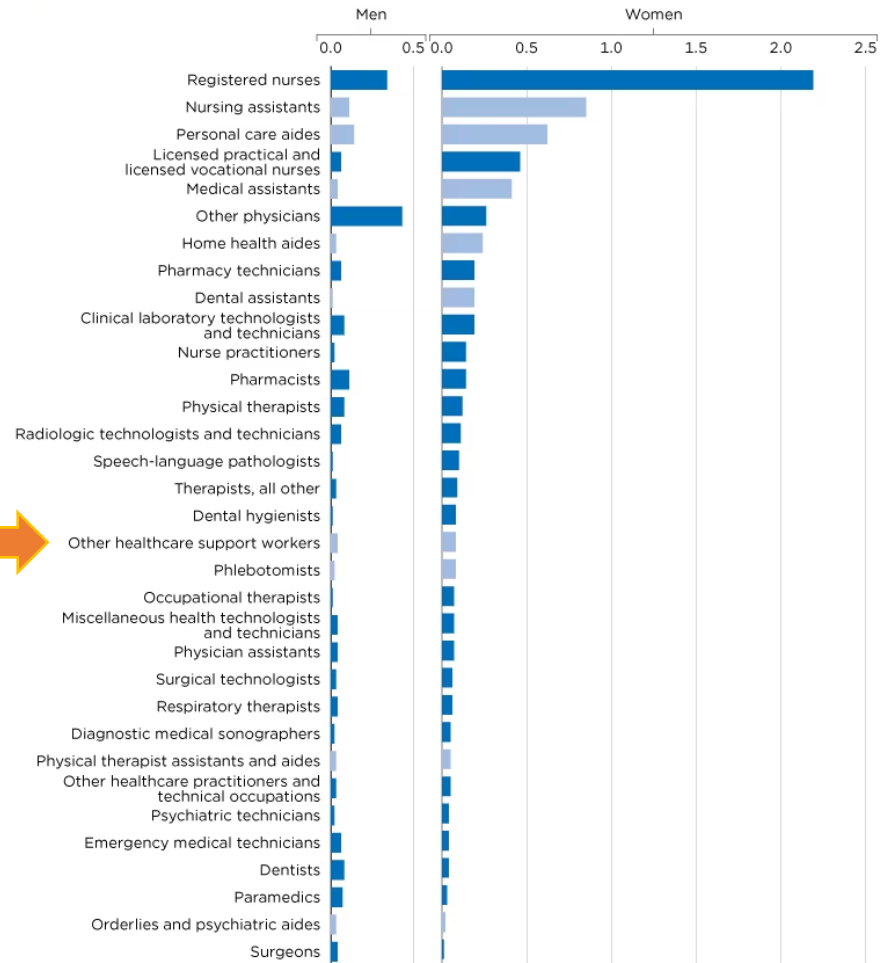
Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

## Number of U.S. Full-Time, Year-Round Workers in Selected Health Care Occupations: 2019

(In millions)

■ Healthcare practitioners and technical workers  
 ■ Healthcare support workers



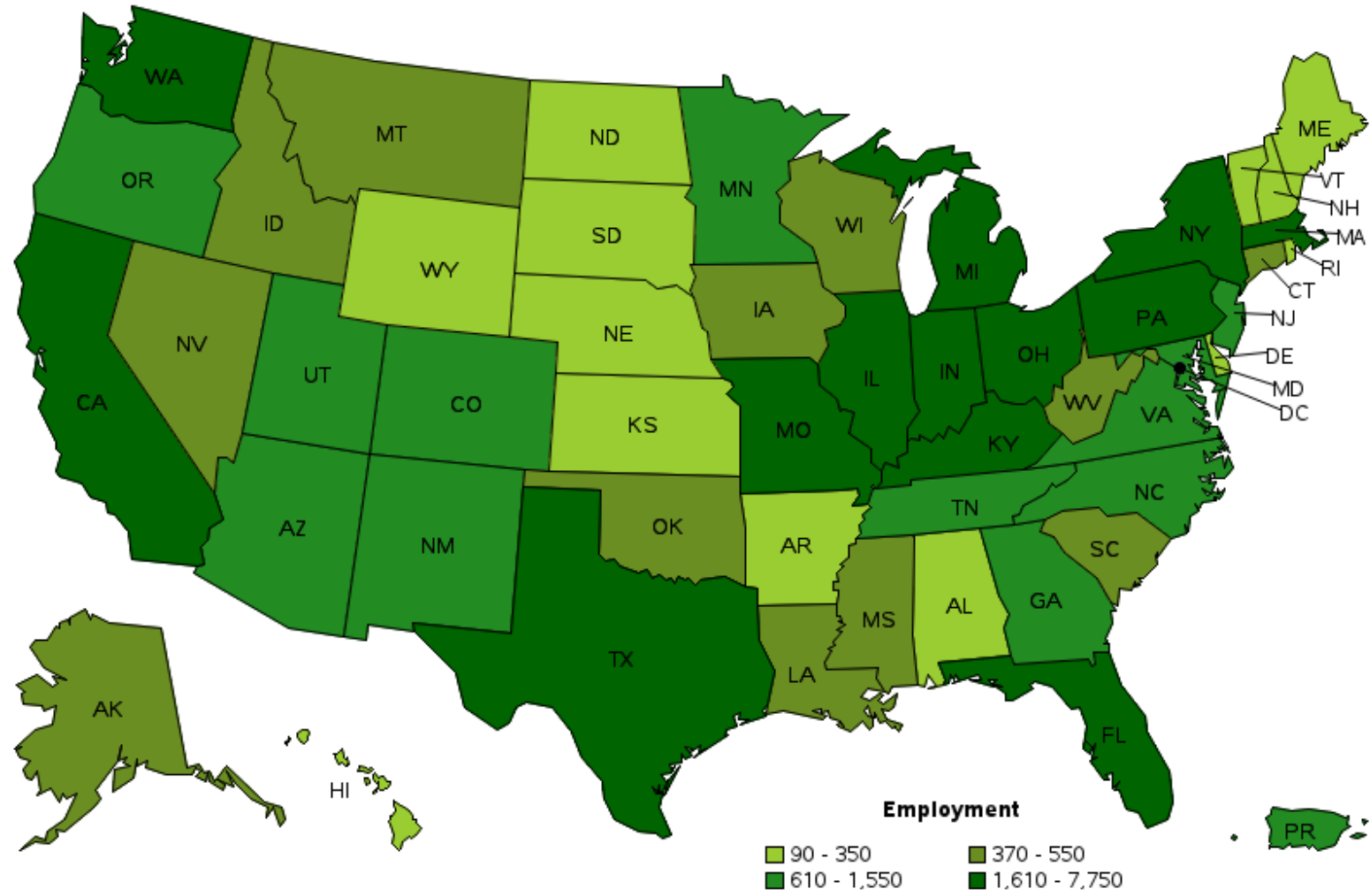
For information on confidentiality protection, sampling error, nonsampling error, and definitions, visit [www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html](http://www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html).  
 Source: U.S. Census Bureau, 2019 American Community Survey, 1-year estimates.

Figure 1.  
**Number of Employees: 2018**



Source: 2018 County Business Patterns.

## Employment of community health workers, by state, May 2021

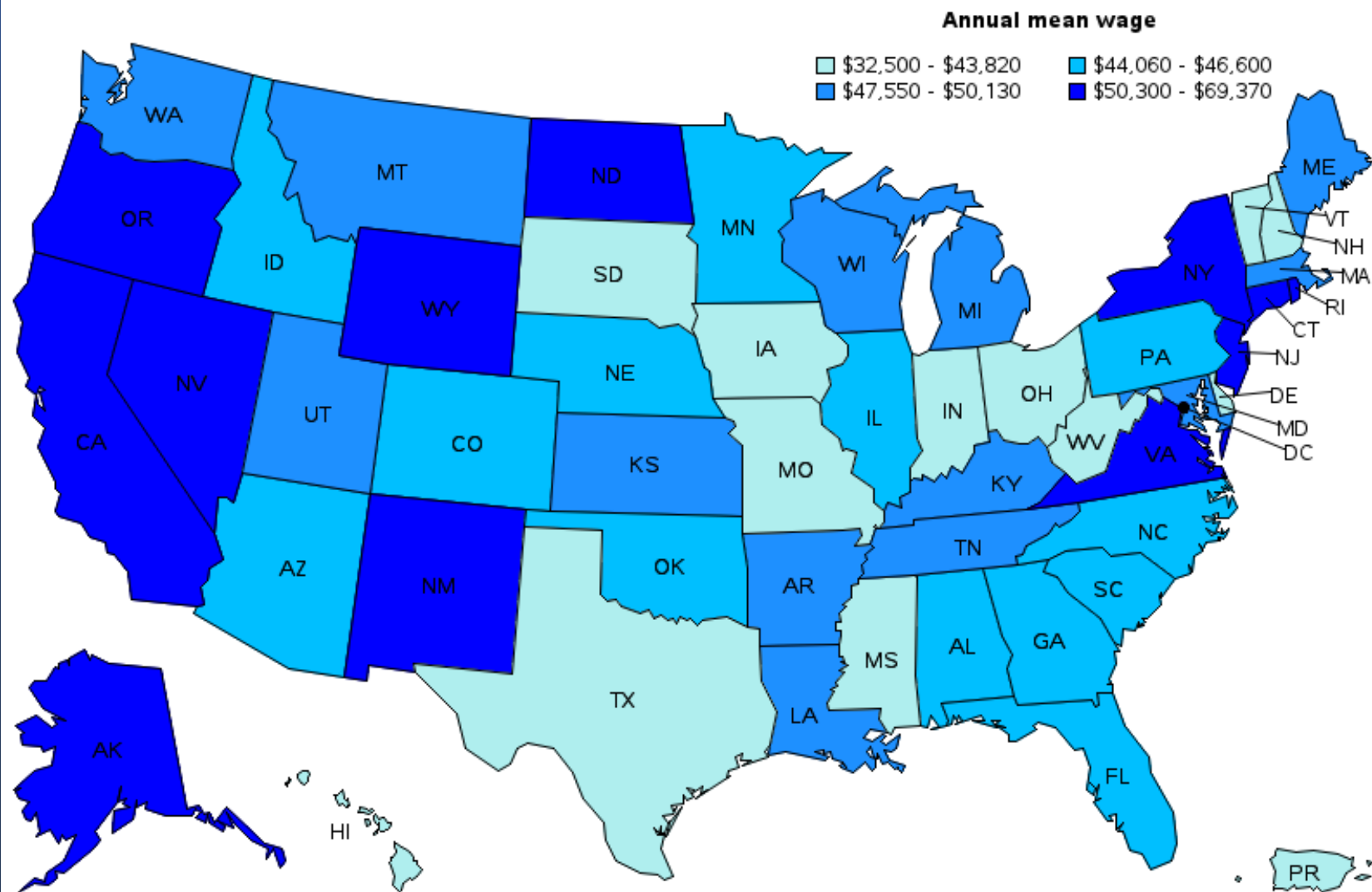


Blank areas indicate data not available.

# Employment of CHWs by state, May 2021

| State                      | Employment <a href="#">(1)</a> | Employment per thousand jobs | Location quotient <a href="#">(9)</a> | Hourly mean wage | Annual mean wage <a href="#">(2)</a> |
|----------------------------|--------------------------------|------------------------------|---------------------------------------|------------------|--------------------------------------|
| <a href="#">New York</a>   | 7,750                          | 0.89                         | 2.07                                  | \$ 24.21         | \$ 50,350                            |
| <a href="#">California</a> | 6,740                          | 0.41                         | 0.94                                  | \$ 25.93         | \$ 53,930                            |
| <a href="#">Texas</a>      | 4,690                          | 0.38                         | 0.89                                  | \$ 20.34         | \$ 42,300                            |
| <a href="#">Washington</a> | 2,860                          | 0.89                         | 2.06                                  | \$ 23.14         | \$ 48,130                            |
| <a href="#">Ohio</a>       | 2,300                          | 0.44                         | 1.02                                  | \$ 19.83         | \$ 41,240                            |

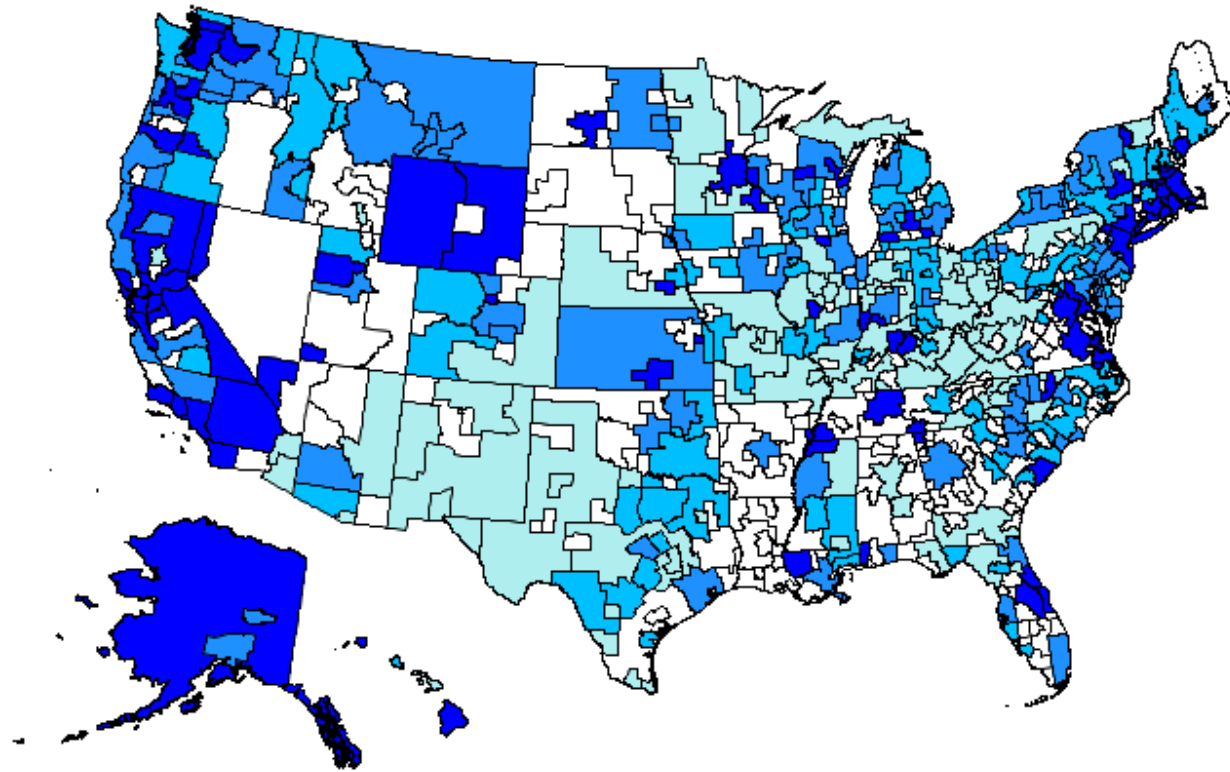
# Annual mean wage of community health workers, by state, May 2021



# Top Paying States for CHWs

| State                                | Employment ( <u>1</u> ) | Employment per thousand jobs | Location quotient ( <u>9</u> ) | Hourly mean wage | Annual mean wage ( <u>2</u> ) |
|--------------------------------------|-------------------------|------------------------------|--------------------------------|------------------|-------------------------------|
| <a href="#">District of Columbia</a> | 440                     | 0.67                         | 1.55                           | \$ 33.35         | \$ 69,370                     |
| <a href="#">Rhode Island</a>         | 150                     | 0.33                         | 0.76                           | \$ 28.33         | \$ 58,930                     |
| <a href="#">New Mexico</a>           | 840                     | 1.09                         | 2.51                           | \$ 26.88         | \$ 55,900                     |
| <a href="#">Connecticut</a>          | 490                     | 0.31                         | 0.72                           | \$ 26.55         | \$ 55,230                     |
| <a href="#">Nevada</a>               | 410                     | 0.31                         | 0.73                           | \$ 26.40         | \$ 54,900                     |

## Annual mean wage of community health workers, by area, May 2021



### Annual mean wage

|                       |                       |
|-----------------------|-----------------------|
| □ \$21,290 - \$40,030 | □ \$40,050 - \$44,340 |
| □ \$44,390 - \$48,850 | □ \$48,880 - \$66,110 |

Blank areas indicate data not available.



# Metropolitan Areas with the highest employment level in CHWs

| Metropolitan area  | Employment <a href="#">(1)</a> | Employment per thousand jobs | Location quotient <a href="#">(9)</a> | Hourly mean wage | Annual mean wage <a href="#">(2)</a> |
|--|--------------------------------|------------------------------|---------------------------------------|------------------|--------------------------------------|
| <a href="#">New York-Newark-Jersey City, NY-NJ-PA</a>        | 6,030                          | 0.69                         | 1.60                                  | \$ 25.28         | \$ 52,590                            |
| <a href="#">Los Angeles-Long Beach-Anaheim, CA</a>           | 2,770                          | 0.48                         | 1.12                                  | \$ 24.17         | \$ 50,270                            |
| <a href="#">Seattle-Tacoma-Bellevue, WA</a>                  | 1,530                          | 0.80                         | 1.84                                  | \$ 24.01         | \$ 49,930                            |
| <a href="#">Boston-Cambridge-Nashua, MA-NH</a>               | 1,520                          | 0.59                         | 1.36                                  | \$ 24.92         | \$ 51,830                            |
| <a href="#">Dallas-Fort Worth-Arlington, TX</a>              | 1,500                          | 0.42                         | 0.97                                  | \$ 20.66         | \$ 42,970                            |
| <a href="#">Chicago-Naperville-Elgin, IL-IN-WI</a>           | 1,470                          | 0.35                         | 0.80                                  | \$ 22.20         | \$ 46,170                            |
| <a href="#">Louisville/Jefferson County, KY-IN</a>           | 1,370                          | 2.19                         | 5.07                                  | \$ 27.51         | \$ 57,220                            |
| <a href="#">Houston-The Woodlands-Sugar Land, TX</a>         | 1,030                          | 0.36                         | 0.82                                  | \$ 21.69         | \$ 45,100                            |
| <a href="#">Washington-Arlington-Alexandria, DC-VA-MD-WV</a> | 1,030                          | 0.35                         | 0.81                                  | \$ 29.53         | \$ 61,430                            |
| <a href="#">San Francisco-Oakland-Hayward, CA</a>            | 1,020                          | 0.45                         | 1.05                                  | \$ 31.51         | \$ 65,530                            |

# CHW Compensation

Percentile wage estimates for Community Health Workers:

| Percentile                      | 10%       | 25%       | 50% (Median) | 75%       | 90%       |
|---------------------------------|-----------|-----------|--------------|-----------|-----------|
| Hourly Wage                     | \$ 14.63  | \$ 17.76  | \$ 22.40     | \$ 28.50  | \$ 34.00  |
| Annual Wage <a href="#">(2)</a> | \$ 30,440 | \$ 36,940 | \$ 46,590    | \$ 59,280 | \$ 70,720 |

## Industries with the highest levels of employment in Community Health Workers:

| Industry   | Employment <a href="#">(1)</a> | Percent of industry employment | Hourly mean wage | Annual mean wage <a href="#">(2)</a> |
|--|--------------------------------|--------------------------------|------------------|--------------------------------------|
| <a href="#">Local Government, excluding schools and hospitals (OEWS Designation)</a> | 11,270                         | 0.21                           | \$ 23.87         | \$ 49,640                            |
| <a href="#">Individual and Family Services</a>                                       | 9,900                          | 0.37                           | \$ 20.48         | \$ 42,590                            |
| <a href="#">Outpatient Care Centers</a>  | 5,400                          | 0.55                           | \$ 21.27         | \$ 44,240                            |
| <a href="#">General Medical and Surgical Hospitals</a>                               | 4,740                          | 0.08                           | \$ 25.64         | \$ 53,320                            |
| <a href="#">Insurance Carriers</a>   | 3,330                          | 0.28                           | \$ 28.35         | \$ 58,970                            |

## Industries with the highest concentration of employment in Community Health Workers:

| Industry   | Employment <sup>(1)</sup> | Percent of industry employment | Hourly mean wage | Annual mean wage <sup>(2)</sup> |
|--|---------------------------|--------------------------------|------------------|---------------------------------|
| <a href="#"><u>Grantmaking and Giving Services</u></a>                                     | 1,450                     | 1.04                           | \$ 25.23         | \$ 52,490                       |
| <a href="#"><u>Community Food and Housing, and Emergency and Other Relief Services</u></a> | 1,860                     | 0.98                           | \$ 19.88         | \$ 41,350                       |
| <a href="#"><u>Social Advocacy Organizations</u></a>                                       | 2,150                     | 0.96                           | \$ 23.34         | \$ 48,540                       |
| <a href="#"><u>Outpatient Care Centers</u></a>   | 5,400                     | 0.55                           | \$ 21.27         | \$ 44,240                       |
| <a href="#"><u>Individual and Family Services</u></a>                                      | 9,900                     | 0.37                           | \$ 20.48         | \$ 42,590                       |

# Top paying industries for Community Health Workers:

| Industry  | Employment (1) | Percent of industry employment | Hourly mean wage | Annual mean wage (2) |
|---|----------------|--------------------------------|------------------|----------------------|
| <a href="#"><u>Scientific Research and Development Services</u></a>         | 290            | 0.04                           | \$ 37.11         | \$ 77,180            |
| <a href="#"><u>Medical and Diagnostic Laboratories</u></a>                  | 70             | 0.03                           | \$ 34.69         | \$ 72,160            |
| <a href="#"><u>Offices of Dentists</u></a>                                  | (8)            | (8)                            | \$ 29.80         | \$ 61,980            |
| <a href="#"><u>Home Health Care Services</u></a>                            | 1,070          | 0.07                           | \$ 29.34         | \$ 61,030            |
| <a href="#"><u>Nursing Care Facilities (Skilled Nursing Facilities)</u></a> | 330            | 0.02                           | \$ 28.78         | \$ 59,870            |





# CHW Roles

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Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems

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Providing Culturally Appropriate Health Education and Information

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Care Coordination, Case Management, and System Navigation

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Providing Coaching and Social Support

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Advocating for Individuals and Communities

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Building Individual and Community Capacity

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Providing Direct Service

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Implementing Individual and Community Assessments

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Conducting Outreach

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Participating in Evaluation and Research

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# CHW Skills

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Communication Skills

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Interpersonal and Relationship-Building Skills

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Service Coordination and Navigation Skills

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Capacity Building Skills

---

Advocacy Skills

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Education and Facilitation Skills

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Individual and Community Assessment Skills

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Outreach Skills

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Professional Skills and Conduct

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Evaluation and Research Skills

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Knowledge Base



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# Powerful Platforms for CHWs

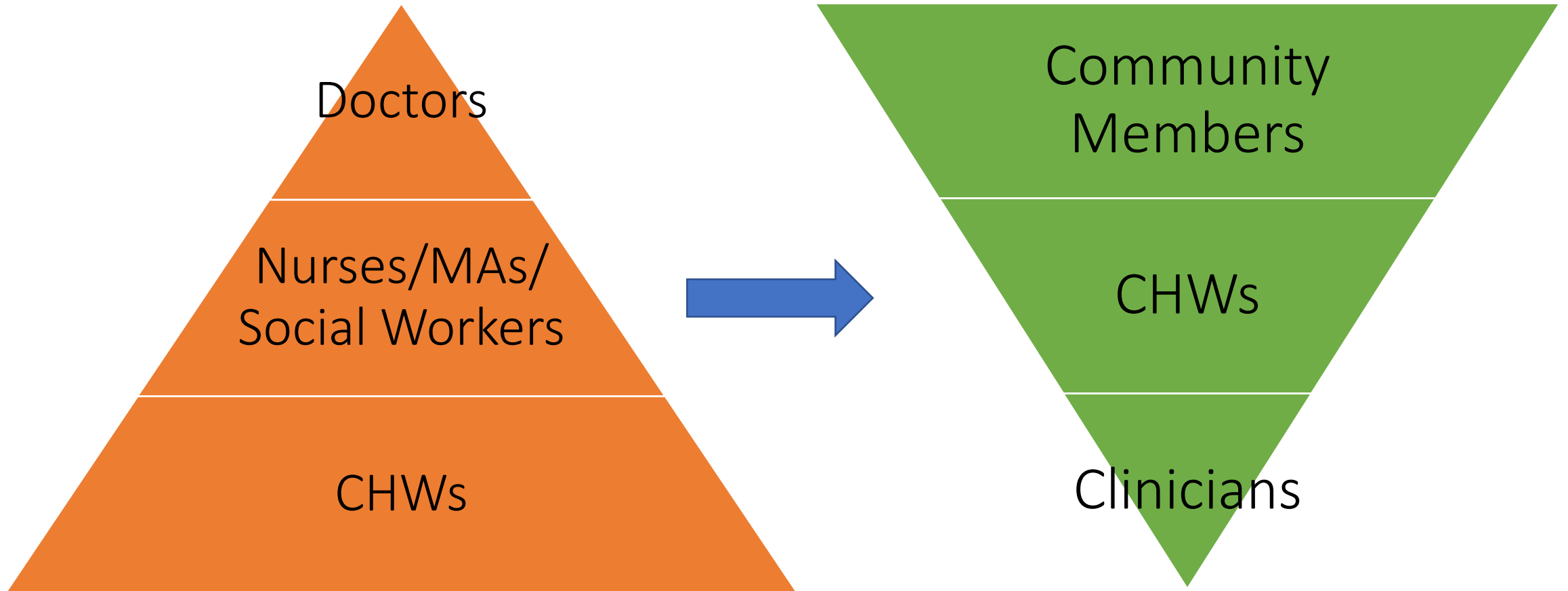
- National Association of Community Health Workers (NACHW)
- American Public Health Association (APHA)-CHW Section
- Local CHW Associations
- World Health Organization
- Center for Disease Control (CDC)
- Health Resources and Services Administration (HRSA)

# Biggest Opportunities

- Community Organizing (power building/shifting)
  - Unionizing
  - Co-Operatives Building
  - Universal Healthcare
- Radical Education
  - Popular Education
  - Multi-generational
  - Multi-lingual / cultural
- Identify Roots Causes
  - Race
  - Gender
  - Nationality
  - Geography
  - Economics



# Change the Paradigm







Ricardo's definition: A **Community Organizer** that focuses on health and liberation.

# CHW Transformational Interventions

- No longer simply focused on diseases
- Fully aware of the "People's History"
- Democratic and horizontal
- Accountable to the community
- Anti-Capitalistic
- Regenerative
- Multi-generational
- Globally aware
- Based in Solidarity (not charity)



# NACHW Policy to Respect, Protect, and Partner with CHWs

## RESPECT COMMUNITY HEALTH WORKERS

- Explicitly identify Community Health Workers (CHW) in legislation, regulation, funding announcements and models.
- Ensure CHW self-determination and **50% or more CHW participation** in all workforce decision-making processes (APHA 2014)
- Promote the classification of CHWs as essential, critical infrastructure workers during the COVID-19 pandemic, and future pandemics, in all states, territories and tribal nations per the guidance of the US Dept of Homeland Security CISA
- Recognize CHW contributions to health in the U.S. by instituting **permanent funding streams** and promoting the visibility of CHWs to provide a unified voice in the field (APHA Policy 2001)
- Acknowledge the **global history, values, self-determination, commitment to equity, diversity and inclusion and unique culturally appropriate and trusting relationships** of the CHW workforce with the communities where they live and serve
- Encourage CHWs and their employers and allies to support accurate tracking of the CHW workforce under the U.S. Department of Labor Bureau of Labor Statistics using the **CHW Standard Occupational Classification (#21-1094)**



# NACHW Policy to Respect, Protect, and Partner with CHWs

## **PROTECT COMMUNITY HEALTH WORKERS**

- **Recruit and hire of authentic CHWs** who are trusted in and have shared experiences with their communities
- Prioritize access to COVID-19 vaccines for all CHWs regardless of where they work or serve
- Provide CHWs access to personal protective equipment (PPE) commensurate with job-related risk and aligned with CDC guidance
- **Guarantee CHWs an equitable employment package including a living wage, paid sick time and hazard pay, health care coverage and transportation reimbursement**
- Ensure CHW employers **provide appropriate training, supervision and workloads** related to new COVID-19 task re-assignments
- Collaborate with CHWs to **establish self-care and social support needs** and access to resources, and address gaps
- Advance **CHW sustainability models that are culturally appropriate, improve community integration, investment and capacity, and establish workforce development** and career pathways developed with CHW leadership

# NACHW Policy to Respect, Protect, and Partner with CHWs

## PARTNER WITH COMMUNITY HEALTH WORKERS 4 LEADERS IN COMMUNITY HEALTH

- Integrate CHW leadership in the design, development, implementation and monitoring of programs and services impacting the communities where they live and serve
- Urge state, federal and tribal governments and private insurers to provide **direct reimbursement** (preferably through a value-based care payment model) for CHW services as an integral part of the Medicare, Medicaid, SCHIP, and tribal health programs (APHA 2009)
- Invest in CHW Networks (Associations, Networks and Coalitions comprised of 50% or more of CHWs in leadership and membership, and whose mission and activities focus on training, workforce develop

# NACHW Policy to Respect, Protect, and Partner with CHWs

- **Invest in trusted community-based organizations** who employ CHWs (employers that preserve and promote the fidelity of the CHW profession with respect to scope of practice and Common Indicators and who establish equitable policies and procedures that respect and protect CHWs and the communities where they live and serve)
- Require at least 50% of CDC, HRSA, DOL and other funding allocated to scale CHW integration into COVID-19 response to be contracted to trusted community-based organizations, CHW Associations, Networks and or Coalitions.
- **Streamline grant and contract making processes to ensure equity, diversity and inclusion** of CHW-led organization applicants (in language access and flexibility regarding required documentation)
- Develop funding contracts during the COVID-19 pandemic and beyond that support community-defined services and needs including chronic disease prevention and screenings, vaccine education, access and distribution, testing and contact tracing, **care coordination and direct service/referrals for medical and behavioral health services, nutrition and housing, child-care, workforce development and healthcare coverage enrollment with explicit non-discrimination protections**
- Provide emergency grants to CHW-led and trusted community-based organizations and extending special enrollment periods to enroll people in Healthcare.gov and their state-based marketplaces.

# APHA-CHW Section

- A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention
  - APHA encourages external constituencies to take the comprehensive actions described below to train, support, and measure the impact of CHWs as a means of addressing systemic racism and preventing interpersonal violence among Historically Oppressed and Other People Experiencing Inequities (HOPIE) communities most affected by inequities.

# Zapatista Principles

- 1. Obedecer y No Mandar (To Obey, Not Command)**
- 2. Proponer y No Imponer (To Propose, Not Impose)**
- 3. Representar y No Suplantar (To Represent, Not Supplant)**
- 4. Convencer y No Vencer (To Convince, Not Conquer)**
- 5. Construir y No Destruir (To Construct, Not Destroy)**
- 6. Servir y No Servirse (To Serve Others, Not Serve Oneself)**
- 7. Bajar y No Subir (To Work From Below, Not Seek To Rise)**

# Next Steps

- Connect to your local CHW network
- Engage and amplify the work happening nationally (NACHW, APHA, CDC...)
- Elevate the voices of CHWs (pass the mic)
- Advocate for better pay, working conditions, and advancement for CHWs
- Rethink what healthcare looks like in your community
- Create solidarity networks and support co-operatives
- Support CHW Unionization
- Push for Universal Healthcare
- Invest in CHW training and development



# Questions & Comments

