

2017

# National Scan of Community Health Worker Statewide Associations

REVIEW OF STATE ASSOCIATIONS FOCUSED ON  
COMMUNITY HEALTH WORKERS

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THE MEHARRY-VANDERBILT ALLIANCE.

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## NATIONAL COMMUNITY HEALTH WORKER ASSOCIATIONS

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## BACKGROUND

Throughout the nation, there is a growing interest in leveraging [community health worker \(CHW\) programs](#) to [achieve population health outcomes](#) and [transform care delivery](#). During a community engagement forum held at the Meharry-Vanderbilt Alliance in the summer of 2016 highlighting a CHW program in Boston, Massachusetts, the attendees expressed a valid concern and desire to explore the existing resources for CHWs in Tennessee. Subsequently, a small group from the initial convening met to develop a strategy to better understand the scope of CHWs, advocate for CHWs and develop relationships with actual CHW and stakeholders of Community Health Worker programs in Tennessee.

To this end, the Meharry-Vanderbilt Alliance (MVA) convenes the Community Health Worker Collaborative, a group of organizations focused on advancing the CHW profession in Tennessee.

The purpose of the national scan of statewide CHW association and this resulting document was to identify how other states have developed and sustained formal advocacy organizations for CHWs. Due to the area of focus of the CHW Collaborative at the time the national scan was conducted, the subsequent information highlights organizational structure, administrative base and the organizational activities. In addition, this document contains recommendations for Tennessee regarding statewide advocacy efforts for CHWs, statewide organizational models by administrative base and a list of national CHW associations.

**Objective:** To assist the Community Health Worker Collaborative in exploring the administrative bases or organizational homes for statewide CHW Associations throughout the United States.

**Methods:** Twenty-six (26) statewide CHW associations were contacted by phone or reviewed through website. Information was sought about:

- The state association's mission, funding source(s) and main areas of work
- Staff size, budget, successful and unsuccessful organizational and structural factors for statewide CHW associations
- Opinions on the ideal administrative base for statewide CHW association's advocacy, goals and financial stability
- Opinions and experiences with administrative bases in health departments, universities and independent non-profits
- Key stakeholders and allies for a statewide CHW association

## FINDINGS

### Mission and Projects

The CHW associations focus their work on advocacy for the CHW role, activities related offering training and credentialing to CHWs, building leadership skills of CHWs and recommending or creating curricula for programs that use CHWs.

- **Advocacy:** The primary mission for most associations is creating a respected and authoritative voice for the CHW workforce that helps policy makers, insurers, and the public understand the role of CHWs and their impact on health and health care costs. In this way, CHWs will be widely used and appropriately compensated. The CHW association is often consulted in the redesign of health reform, payment systems, and health workforce issues, including credentialing. Advocacy efforts may be creative, by being incorporated into research and public information efforts.
- **Credentialing:** Most CHW associations provide leadership in the design and implementation of CHW credentialing programs.
- **Building the leadership skills of CHWs:** Strong leadership from CHWs makes a state healthier and its health sector workforce stronger. To build leadership skills and experiences for CHWs may require providing stipends and/or time off from work to CHWs who participate in leadership development activities.
- **Training:** All of the associations reviewed provide training for CHWs through annual conferences and/or regional and/or periodic meetings, etc. In some instances, trainings includes pre-training for new CHWs and sessions geared toward a particular health status, demographic, age, etc. Holding regular, high quality training events helps the CHW association maintain relationships with non-CHW stakeholders and advocates who may participate as trainers or consultants.
- **Curricula:** Most of the associations reviewed provide or recommend CHW curricula to communities within the state.

### **Findings of special note to Tennessee**

- Funding for operating costs is a challenge for all of the CHW associations. Some CHWA executive directors have served as volunteers between grants, most of the associations have limited staff and use donated office space.
- Many of the associations have changed bases/homes over time, moving away from universities or health departments to join a 501©3, or develop an independent 501(c)3
- Find a few “champions” in state government and other sectors is crucial. Champions are individuals who are well respected, usually holding positions of power, whose support of CHW work leads a state to honor and utilize CHWs.
- Federal funding through the Center for Medicare & Medicaid Services’ [State Innovation Models \(SIM\)](#) supported the early years of some associations and should be investigated for Tennessee. SIM priority patient populations are individuals out of care and/or in need of medical home and individuals with chronic conditions

### **Recommendations for Tennessee:**

1. Clarify tentative organizational goals for a CHW association in TN to guide in development and outreach.
2. Survey potential sponsoring organizations to inquire about the benefits they would enjoy because of the organization’s existence. Identify support they could/would provide the association

3. Assess the feasibility of an all-volunteer, independent association, including the minimum support that would be needed from one or several sponsoring organizations (staff time, copying/supplies, etc.) (see “Florida” below)
4. Identify 4-6 “champions” in state government and other sectors who understand the value of such an association, to provide early advice in connections as needed
5. Beginning with preliminary discussions and continuing forward, assure participation/input/leadership from CHWs.

## **ADVANTAGES AND DISADVANTAGES**

The advantages and disadvantages noted regarding different administrative bases for CHW Associations.

### **Public Health Department**

#### **Advantages:**

- Stable base with opportunities for reaching every county of a state for training and services
- Possible stable financial support for staff

#### **Disadvantages:**

- CHW Association may not be a high priority of Commissioner, can get lost among competing priorities
- Can be difficult or impossible for a state agency of program to secure donor or foundation funding
- Can be difficult for a state agency of program to advocate for policy positions

### **Universities**

#### **Advantages:**

- University may provide office space, administrative services, funding or staff support
- Private foundation grants can be secured and managed

#### **Disadvantages:**

- University approval will be required to approach certain funding sources
- Indirect cost charges to grants may exceed 30%
- May not be possible to advocate for policy position

### **Independent Non-profit Agency**

#### **Advantages:**

- Can approach any funder, and secure grants, without approval
- Indirect costs likely to go back into program
- Can be set up as a membership organization, with dues that help support the association

#### **Disadvantages:**

- Some states have limited pool of funders with an interest in CHW training and advocacy
- Funding can be very insecure

## COMMUNITY HEALTH WORKER MODELS

*The specific examples listed below contain contact information and circumstances that may have changed since the time of data collection. This National Scan is not a comprehensive list of statewide associations; therefore, some statewide associations or emerging statewide organizations may not be included in the subsequent list of statewide models.*

### **Examples of CHW Associations based in Public Health Departments**

Examples of Community Health Worker Associations based in public health departments.

#### **1. INDIANA: Indiana CHW Association**

**Contact:** Margarita Hart (317) 721-1181, 317-697-0065

**Organization's administrative base:** Indiana State Department of Health (?)

**How the organization is structured:** More than 155 members/agencies

- Each of the state's 10 regions represented, one Regional Director in each region.
- Local Action Teams
- Governing board: handles governance
- Advisory Board: handles decisions that affect the CHWs in their region.
- Individual members: CHWs or persons who act as a resource network
- Corporate members (for-profit or not-for-profit)

**Mission:** Promote the CHW and their roles on the healthcare team, educate CHWs, healthcare professionals, employers, community members and stakeholders, advocate with local and statewide policymakers of the value of CHWs, offer training, technical assistance and service to CHWs, their employers and payers, seek professional recognition and support for integrating CHWs into the public health and health care service delivery systems.

**Main projects of the association:**

- Support community mobilization and advocacy
- Established CHW Scope of Practice and core competencies:  
<http://www.inchwa.org/#!/chw-scope-of-practice/nj1ma>

#### **2. MARYLAND: Community Outreach Workers Association of Maryland, Inc.**

**Contact:** Carol Payne (410) 664-6949, [carol.b.payne@hud.gov](mailto:carol.b.payne@hud.gov)

259 W Lanvale Street, Baltimore, MD 21217

(410) 669-7960

**Organization's administrative base:** Montgomery County Department Health and Human Services

**When Association was begun:** 2000

**Project:** The Latino Health Initiative (LHI)

#### **3. MAINE: Maine's Community Health Worker Initiative (MCHWI)**

<http://www.mechw.org/resources.php>

**Contact:** Barbara Ginley, MPH, Director, CHW Initiative at Maine Migrant Health Program, [bginley@mainemigrant.org](mailto:bginley@mainemigrant.org), 207-441-3364,

**When Association was begun:** 2013

**Organization's administrative base:** Maine Migrant Health Program (MMHP), Maine CDC and MCD Public Health

**Funding sources:** Center for Medicaid and Medicare Services (CMS) \$35 million State Innovation Model (SIM) grant included \$1 million for 4 CHW projects (9 CHWs) over 3 years. An FQHC provided project leadership and generated CHW payment models.

**Mission:** Strengthen the infrastructure supporting Maine CHWs and to assure sustainability of this emerging workforce.

**Projects:**

- Maine Migrant Health Program [mmhp@mainemigrant.org](mailto:mmhp@mainemigrant.org)
- “Community Health Workers: A Promising Workforce for Maine” (webinar) ,

**Key stakeholders, allies:** Maine CDC and MCD Public Health

**Key lessons:**

- Because the SIM funds were used to start new CHW programs, rather than support existing programs, much time was lost and payment models which would have guaranteed the interest of policy makers and insurers were not created and tested.
- If specific CHW goals, methods and evaluation plans had been written into the SIM proposal, data that demonstrated return on investment could have been generated
- Without a CHW champion in the state SIM hierarchy, decisions related to the small CHW piece of the SIM grant were made by individuals who were largely ignorant of CHW issues.
- In Maine, “Peer Support Specialists” (similar to CHWs) developed a viable model for mental health and addiction issues. With a centralized training/certification program, PSS’s are hired by Maine behavioral health organizations

#### **4. MINNESOTA: Minnesota CHW Peer Network**

**Organization's administrative base:** Minnesota Department of Health (CHW)

**How the organization is structured:** CHWs leader the network on a volunteer basis.

**Projects:**

- Bring CHWs together for continuing education approximately 4-6 times per year.
- Minnesota CHW Directory: promotes networking for CHWs across Minnesota.
- The Minnesota CHW Alliance is a partnership of CHWs and stakeholders who meet monthly to advance the CHW role in the state.
- Curriculum, scope of practice, workforce development efforts, payment legislation and Day at the Capitol grew from this group and its predecessor, the MN CHW Policy Council

#### **MN CHW Policy Council**

**Contact:** Joan Cleary at [joanlcleary@gmail.com](mailto:joanlcleary@gmail.com)

**How the organization is structured:** Volunteer committees (Communications, Education, and Research Committee) review, discuss make recommendations to state on particular areas of concern to CHWs and communities. A CHW Supervisor Roundtable is also chaired by volunteers.

## Examples of CHW Associations based in Universities

### 1. ALABAMA

**Contact:** Janel A. Lowman, M.H.A. Program Specialist /Training Coordinator  
[jlowman@southalabama.edu](mailto:jlowman@southalabama.edu), 251-461-1725

<http://www.coastalresourcecenter.org/index.html>, <http://www.wayheart.org/>

**Mission:** To improve overall health outcomes in the target area, especially among disadvantaged and under-served populations. To accomplish this goal, we train lay health workers to encourage healthy lifestyles and improve health literacy, to promote emergency preparedness and disaster recovery, and to help people identify the resources they need to stay healthy and safe

**Administrative base:** University of South Alabama Coastal Resources Center

**Funders:** Gulf of Mexico Research Initiative, Baton Rouge Area Foundation, Gulf Region Health Outreach Program

**Main projects:**

- Conduct lay health worker training in Louisiana, Mississippi, Alabama, and Florida
- Train volunteer peer health advocates
- Chronic Disease Management training series
- Trained and place community health workers in clinics and community-based organizations

### 2. ARIZONA: [Arizona Community Health Outreach Workers Network \(AzCHOW\)](http://azchow.org/)

<http://azchow.org/>, <http://azprc.arizona.edu/projects/capacity-building-training>

**Contact:** Kathleen Gilligan, Coordinator

Tel: (520) 705-8861

Mel and Enid Zuckerman College of Public Health, University of Arizona

Tucson, AZ 85721 [coph-azprc@email.arizona.edu](mailto:coph-azprc@email.arizona.edu), (520) 626-5682

Monica Munoz [mgmunoz@email.arizona.edu](mailto:mgmunoz@email.arizona.edu).

[azchow.network@gmail.com](mailto:azchow.network@gmail.com).

**Administrative base:** The University of Arizona Prevention Research Center

**How the organization is structured:** Statewide organization of, by, and for community health outreach workers.

**Mission:**

- Inform and unite culturally diverse community health outreach workers from all disciplines;
- Strengthen the professional development of the field through resource sharing and collaborative opportunities with community, tribal, government, health, and educational institutions;
- Create partnerships that build upon organizational capacities and strengths while aiding the underserved and at-risk populations within Arizona; and
- Address relevant political and policy issues.
- Develop a collective voice for addressing policy issues, methods of becoming financially sustainable, and the expansion of their professional standing in Arizona.

**Funding sources:** Arizona Area Health Education Centers (AzAHEC) and the UA Mel and Enid Zuckerman College of Public Health (MEZCOPH). All CHWs are invited to join AzCHOW. Annual membership dues are \$15.00

**Key stakeholders, allies:** Mel and Enid Zuckerman College of Public Health, Arizona Department of Health Services, Southwest Arizona Area Health Center, Cochise County Health Department, Chiricahua Community Health Center, Café Justo, Frontera de Cristo Border Ministry, Mariposa Community Health Center, ADHS Office of Border Health, Tohono O’Odham Tribe, Colegio de Sonora, MEXFAM and the Red Fronteriza de Salud y Ambiente

**Main projects:**

- Community Health Worker Evaluation Toolkit
- Border Health Service Learning Institute
- Border Women's Health Promotora Institute (Mariposa Community Health Center)
- Master Trainer Model and trained Master Trainers throughout the United States, 2011-13.
- Promotor(a) Community Health Manual: Developing a Community-Based Diabetes Self-Management Program
- 2014 National Community Health Worker Advocacy Survey Reports.

**3. MISSISSIPPI: Community Health Advisor Network (CHAN)**

**Contact:** Susan Mayfield Johnson: 601.266.6266; Susan.Johnson@usm.edu

**Organizational base:** University of Southern Mississippi

**Mission:** Support the role of community health workers as an essential component of sustainable community wellness. We envision community health workers who are valued as essential, integral, powerful promoters of health, disease prevention, and wellness in their communities.

**4. OHIO: Ohio Community Health Workers Association**

**Contact:** Becky Hartman, President Phone: (855) GO-OCHWA (466-2492)  
ochwa1@gmail.com

Michelle Smith-Wojnowski, President

605 N. High Street, #127

Columbus, OH 43215-0484

<http://www.med.wright.edu/CHC/programs/ochwa.html>

**Organization's administrative base:** Center for Healthy Communities, Wright State University

**Mission:** To establish and support Community Health Workers as professionals who are an integral part of the health and human services system.

**Main projects:** Curricula, Annual conference

**5. NEVADA**

<http://chwnv.org/>

# Examples of Community Health Workers Associations based in independent Non-profits

## 1. **ARKANSAS:** [Arkansas Community Health Worker Association](#)

### **Contact:**

Jay Coffey

107 Professional Plaza

Helena, AR 72342

(501) 526 6630

[jay.coffey@uams.edu](mailto:jay.coffey@uams.edu)

[info@archwa.org](mailto:info@archwa.org); <http://www.archwa.org/>

**When Association was begun:** 2014

**Organization's administrative base:** Independent coalition

**How the organization is structured (staff size, budget, other):** Independent coalition of organizations, 100 members from 28 programs. Board is majority CHWs

- **Mission:** To support Arkansas community health workers (CHWs) in promoting health improvements in health and health care
- Providing training, continuing education, and career advancement opportunities for Arkansas CHWs
- Advocating for steady and reliable funding for CHW programs across the state
- Increasing public and professional awareness and recognition of CHW knowledge, skills, and contributions to the health care system
- Convening CHWs from across the state in order to share resources and offer support
- Policy Brief: Community Health Workers in Arkansas: An Innovative Solution to Address the Triple Aim (October 2015)
- Funding sources: No staff, no budget except for small grants from foundations, PHD.

### **Main projects:**

- Developing standards to professionalize the role
- Planning legislation with standards
- Annual Summit
- Education and Training
- Recruitment
- Networking across the state
- Researched the Tri-County Rural Health Network Community Connector Program serves 15 counties, employs 38 Community Connectors who link those needing long-term care to home and community-based services. Pilot (2005-2008) resulted in savings of \$2.619 million, or a return on investment of \$2.92 per dollar invested over three years.

## 2. **VIRGINIA:** [Institute for Public Health Innovation, Community Health Worker Advisory Group](#)

### **Contact information:**

[202.747.3512](tel:202.747.3512)

[info@institutephi.org](mailto:info@institutephi.org)

Abby Charles, Sr. Program Manager (Virginia)

[acharles@institutephi.org](mailto:acharles@institutephi.org).

**How the organization is structured:** The CHW Advisory Group is a collaborative body including representatives of government, health care providers, insurers, community-based organizations, and CHWs.

**Funding sources:** Virginia received a SIM planning grant to develop the **Virginia Health Innovation Plan**, coordinated by the Virginia Center for Health Innovation (VCHI). VCHI subcontracted with IPHI to facilitate the CHW Advisory Group in partnership with Virginia Department of Health.

**Key stakeholders, allies of the association:** Virginia Department of Health  
**Main projects:**

- Prioritized Community Health Workers in Virginia Health Innovation Plan:
- Created a Virginia-specific definition of a CHW, CHW scope of practice and core competencies.
- Researching best practices to create Virginia-specific training guidelines, credentialing processes, and financing strategies, including through Medicaid.
- IPHI, the Virginia Department of Health, and a diverse group of stakeholders have been working diligently for several years to strengthen the community health worker (CHW) workforce.
- Worked to get CHWs incorporated into Virginia Health Innovation Plan, developed through the State Innovation Model (SIM) planning process, an initiative of the Centers for Medicare and Medicaid Services and provides financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery reforms.
- Conducting CHW training programs;
- Designing, coordinating and evaluating CHW programs;
- Building awareness about the value of CHWs across the community;
- Working with a variety of partners to grow and sustain the CHW workforce and CHW services, including laying the groundwork for policy change to enable Medicaid reimbursement
- Supporting the development of the Center for the Community Health Workforce and CHW professional networks.

### 3. **CALIFORNIA: [California Community Health Worker Association](#)**

**Contact:** Carol West [carolwestchw@gmail.com](mailto:carolwestchw@gmail.com);

<http://www.cachw.org/about-us/>, CACHW <http://cachw.org/>

**Mission:** Increase access to care, reducing costs, and promoting happy, healthy communities. Promote awareness of the role and scope of practice of the CHW/Promotor. Build a common identity between CHW and Promotores de Salud

**Main projects:**

- Research, Policy Analysis
- Model programs (IEHP)
- [Established core competencies](#)

- Taking Innovation to Scale: Community Health Workers, Promotores and the Triple Aim. <http://calhealthworkforce.org/wp-content/uploads/2014/01/CHWA-Report-December-2013.pdf>
- Public Health media messages <http://www.ca4health.org/why-ca4health/media/>
- Information/training on Safe routes to school, Chronic disease self-management, Reducing consumption of sugary beverages, Smoke free multi-unit housing

#### 4. TEXAS

**Organization's administrative base:** University of TEXAS Arlington, Division for Enterprise Development, Health Careers Institute, Texas Department of State Health Services

**How the organization is structured:** Chapters in various metropolitan areas

**Mission:** Bringing together area services providers, CHWs, and continuing education opportunities, meet the needs of the diverse CHW workforce by improving communication, providing access to resources, and improving job opportunities.

**Main projects of the association:**

- Quarterly meetings
- Training and Education
- Career opportunities
- Annual summit: <https://txgulfcoastchws.org/tools/>
- Advanced Primary Care in San Antonio: Linking Practice and Community Strategies to Improve Health
- <http://www.jabfm.org/content/26/3/288.full.pdf+html>, Robert L. Ferrer, MD, MPH, et al

**Other Texas CHW associations:**

CHW Association, Texas Gulf Coast: <http://tgccpa.wordpress.com/>,

<https://www.facebook.com/TexasCHWs>,

<https://www.dshs.state.tx.us/topicrelatedcontent.aspx?itemsid=508>,

<https://txgulfcoastchws.org/tools/>, <http://www.umhtx.org/services/community-health-worker/>

**DFW Community Health Worker Association**, Denise Adams, [dfwchwassociation@gmail.com](mailto:dfwchwassociation@gmail.com), 979-402-5377

**South Texas Promotora Association** Merida Escobar, President/CEO, (956) 383-5393, [stpa08@sbcglobal.net](mailto:stpa08@sbcglobal.net)

**Northern Texas Community Health Worker Resource Coalition** Claudia Busto, (806) 765-2611 Ext. 1024, [cbustos@chcl.tachc.org](mailto:cbustos@chcl.tachc.org).

**East Texas AHEC: Community Health Workers** <http://chwtexas.org/> Linking Neighbors to Better Health

**National Día de la Mujer Latina Promotores Network** ; **Venus Ginés, M.A.** P/CHWI (713) 798-5715; (877) 518-8889

**Uvalde Memorial Hospital: DIRECTOR COMMUNITY HEALTH WORKER**, Rose Garza, PHD, RN, CCHWI, (830)278-6251 ext. 1428, 1025 Garner Field Road · Uvalde, TX 7880

5. **COLORADO:** [The Community Health Worker and Patient Navigator Work Group](#)

**Contact:** Andrea Dwyer  
University of Colorado  
[andrea.dwyer@ucdenver.edu](mailto:andrea.dwyer@ucdenver.edu)

**How organization is structured:** statewide coalition of local and state agencies, advocacy groups, philanthropic organizations and public & private health plan representatives. Three sub-committees: Regionalization, Definitions, Competencies

**Mission:** The group coalesced to align the patient community health worker/promotoras groups and develop a sustainable model

6. **CONNECTICUT**

**Organization's administrative base:** Connecticut Primary Care Association

**How the organization is structured (staff size, budget, other):**

**Mission:** In September 2011, the CPHA Board of Directors voted to explore providing assistance to CHWs in CT to help support their organizing efforts.

**Main projects of the association:** The webpage they created brings together documents, meeting minutes, web links and other resources that can be helpful to CHWs and their advocates to create a network on CHWs in Connecticut.

7. **FLORIDA:** [Florida Community Health Worker Coalition](#)

**Contact:** Susan Fleming at [Susan\\_Fleming@doh.state.fl.us](mailto:Susan_Fleming@doh.state.fl.us)  
Tamira Carter (352) 294-5340?

<https://www.facebook.com/FloridaCHWCoalition>

Coalition Facilitator: Marion Banzhaf ([Marion.Banzhaf@flhealth.gov](mailto:Marion.Banzhaf@flhealth.gov))

Coalition Co-Chairs: Patria Alguila ([Patria@hhi2001.org](mailto:Patria@hhi2001.org)), Brendaly Rodriguez ([BRodriguez@med.miami.edu](mailto:BRodriguez@med.miami.edu))

**How the organization is structured:** Five working groups

*Networking/Sustainability:* Promote the statewide CHW coalition; Promote recognition of CHWs through branding

*Curriculum:* Establish core elements of standards for curriculum; Establish curriculum review panel; Establish requirements for certification process/training requirements

*Policy Subgroup:* Enlist champions for systems change; Find your elected officials; Educate elected officials about CHWs

*Research Subgroup:* Promote interdisciplinary collaborative research activities that will support the profession Promote continuous outcomes data collection to support the profession of CHW in Florida through creation of common outcome measures

*Practice Subgroup:* Provide consistent input based on the practical experience of CHWs to further the goals and objectives of the Florida Community Health Worker Coalition

**Mission:** A statewide partnership dedicated to the support and promotion of the CHW profession in Florida.

**Main projects of the association:**

Florida Works One Stop Career Center: 6 Week - Community Health Worker Training:

<http://floridachwn.pharmacy.ufl.edu/edu-training/past-educ-train/chw-train-inst/>

For more information, contact: Tamira Carter (352) 294-5340

<http://floridachwn.pharmacy.ufl.edu/files/2011/05/CHWtrainingflyer2011.pdf>

<http://floridachwn.pharmacy.ufl.edu/files/2011/05/DigitalCHWFlyer-PDF.pdf>

8. **GEORGIA:** [Georgia Community Health Advisor Network](#)

Contact: Gail McCray, (404) 752-1645, gmccray@msm.edu

9. **ILLINOIS:** [Illinois CHW Advisory Board](#)

**Contact:** Leticia Boughton, [Chicago CHW Local Network](#), Network -Coordinator  
312-878-7015

[lboughton@healthconnectone.org](mailto:lboughton@healthconnectone.org), <http://www.healthconnectone.org>;

<http://hco.depaulccts.org/>

Alfredo Lopez, Network –Organizer, [alopez@healthconnectone.org](mailto:alopez@healthconnectone.org), 312-878-7016

<https://chwnetwork.files.wordpress.com/2014/08/call-for-il-chw-adv-brd-members-final.pdf>

**How organization is structured:** Fifteen (15) members

10. **LOUISIANA:** [Louisiana Community Health Outreach Network](#)

**Contact:** Ashley Wennerstrom at 504 988-4007, [lachws@gmail.com](mailto:lachws@gmail.com)

Kristina Gibson at 504-523-6221 ext.172, [lachws@gmail.com](mailto:lachws@gmail.com)

Louisiana Community Health Outreach Network (LACHON)

[http://www.in.gov/isdh/files/REGIONAL\\_CHW\\_MAP.pdf](http://www.in.gov/isdh/files/REGIONAL_CHW_MAP.pdf)

**Mission:** Community Health workers will be respected and acknowledged as front line public health professionals.

Mission: LACHON supports community health workers while advocating for improvements in community health.

**Projects:**

Annual Conference

11. **MASSACHUSETTS:** [Massachusetts Association of Community Health Workers](#)  
[chwinfo@state.ma.us](mailto:chwinfo@state.ma.us), [www.machw.org](http://www.machw.org)

**Contact:** Gail Hirsch, Office of Community Health Workers, Massachusetts Department of Public Health (Advisory board member of Massachusetts Association of Community Health Workers for 16 years), 617-624-6016

Lisette Blondet, MACHW Director/Jackie Toledo, Director of Leadership Development

[CHW Alliance of Berkshire County](#) Luci Leonard [chwalliance@gmail.com](mailto:chwalliance@gmail.com) (413) 358-5296

**Mission:** Strengthen the professional identity of community health workers, foster leadership among CHWs; and promote the integration of CHWs into the health care, public health and human service workforce.

**Administrative base:** Originally based in the Massachusetts Public Health Association, then briefly became its own independent 501(c)3. The MACHW is now a program of another independent 501(c)3, the Center for Health Impact, which serves as its physical space and fiscal sponsor.

**How the organization is structured:** Two (2) almost full time staff.

**Key stakeholders, allies:** state public health association, state primary care association, health systems, and key foundations – BCBS, other advocates for public health and health care access as well as state government, hospitals, churches, insurers, universities.

**Key lessons learned about selection of the organizational base:**

- Funding for operating costs is always a challenge.
- The arrangement needs to provide adequate autonomy and support.
- A key goal of association is to become such an important, essential voice for the workforce that policy makers will feel the need to consult with them and ultimately pay CHWs and support CHW participation in redesigning health reform and other workforce efforts (such as credentialing).
- CHW leadership development is essential. Resources to convene and develop CHW leadership may include stipends, or allowing time off from work.

**Main projects of the association:**

- Annual conference,
- COEC program that covers core competencies that Community Health Workers need to meet accreditation/CEUS requirements (two-part, 80 hours training program, cost is \$650, the CHW agency is required to pay this fee), offered three times/year.
- Patient Navigator & Community Health Worker Core Training (11 online modules as well as 16 hours of in-class training) which is free and funded by the CDC/Women’s Health Network Care Coordination Program out of the Massachusetts Department of Public Health.

## 12. MICHIGAN: [Michigan Community Health Worker Alliance](#)

**Contact:** Katie Mitchell, [mitchkl@umich.edu](mailto:mitchkl@umich.edu)

University of Michigan School of Social Work

Ann Arbor, Mich. 48109-1106

[Marta Lugo-Rodriguez; mlugo-rodriguez@chasscenter.org](mailto:mlugo-rodriguez@chasscenter.org); 313-849-3920 ext. 5168

**Facebook:** <https://www.facebook.com/pages/Michigan-Community-Health-Worker-Alliance-MiCHWA/248722175193041>

**Twitter:** [MichiganCHWAlliance @Mi\\_CHWA](#)

**Mission:** Grow and strengthen a vibrant network of diverse CHWs and CHW supporters throughout Michigan.

## 13. NEW JERSEY: [New Jersey Community Health Worker Institute](#)

**Contact:** Carol Wolff, (856) 963-2432 ext. 202; [wolff\\_c@Camden-AHEC.org](mailto:wolff_c@Camden-AHEC.org)

## 14. NEW MEXICO: [New Mexico Community Health Worker Association](#)

**Contact:** <http://www.nmchwa.com/>, [nmchwa@yahoo.com](mailto:nmchwa@yahoo.com)

Bette Jo Ciesielski, (505) 255-1227, [nmchwa@yahoo.com](mailto:nmchwa@yahoo.com)

NMCHWA

P.O. Box 81433

Albuquerque, NM 87198

(505) 255-1227

Address: 1605-J Juan Tabo NE, Albuquerque, NM 87112

**Mission:** Nurture the community health worker model to collectively improve access and quality of health care for New Mexicans by advocating for and empowering its members

**Main projects:**

- Curriculum: Reaching Out, Training Manual For Community Health Workers
- CHW handbook and toolkits
- Job opportunities
- Education and Training
- Policy Development
- Community Health Worker Advisory Council
- Organizes a state Community Health Worker Day

**When Association was begun:** 2014 NM Community Health Worker Act required planning and implementation of a statewide voluntary CHW Certification Program.

**Organization's administrative base:** The University of New Mexico Health Sciences Center appointed by legislature to convene a taskforce to study using community health workers in New Mexico. When funding was ended, a voluntary independent organization was formed, now linked to the NM Department of Health, Public Health Division, Office of Community Health Workers with its statewide advisory group, the New Mexico Community Health Worker Advisory Council.

**15. NEW YORK:** [Community Health Worker Network of New York State, NY state Community Health Worker Initiative](#)

**Contact:** Sergio Matos, Executive Director, (212) 481-7667,

[sergio@chwnetwork.org](mailto:sergio@chwnetwork.org)

Romy Rodriguez, Chair, [romelia@chwnetwork.org](mailto:romelia@chwnetwork.org)

Community Health Workers Association of Rochester: Glenda Blanco, Chair, (585) 922-3507, [glenda.blanco@rochestergeneral.org](mailto:glenda.blanco@rochestergeneral.org)

Community Health Worker Network of Buffalo: Jessica Bauer Walker, Director 104 Maryland Street, Buffalo, NY 14201 (716) 548-6727 [jessica@chwbuffalo.org](mailto:jessica@chwbuffalo.org)

Community Health Worker Network of NYC

**16. OKLAHOMA:** [Oklahoma Area Association of Community Health Representatives \(OAACHR\)](#)

**Contact:** Cyndi Gilks, President, Muscogee (Creek) Nation CHR Program (918) 623-1925, [Cyndi.gilks@creekhealth.org](mailto:Cyndi.gilks@creekhealth.org)

**17. OREGON:** [Oregon Community Health Workers Association \(ORCHWA\)](#)

**Contact:** Lizzie Fussell, Coordinator (971) 295-3124

[lizzie@oregonlatinohealthcoalition.org](mailto:lizzie@oregonlatinohealthcoalition.org)

Facebook Myriam Vazquez, Chair, Education & Training:

[vazquez.myriam11@gmail.com](mailto:vazquez.myriam11@gmail.com)

Chair – Policy & Advocacy: Ty Schwoeffermann, [Tyschw@ulpdx.org](mailto:Tyschw@ulpdx.org) Rocio Munoz,

Chair- Resource & Development: [Rocio.Munoz@co.benton.or.us](mailto:Rocio.Munoz@co.benton.or.us)

Chair – Communications: Julio Maldonado, [julio.c.maldonado@multco.us](mailto:julio.c.maldonado@multco.us)  
Chair – Membership: Abdiasis Mohamen, [mohamed\\_abdiasis@yahoo.com](mailto:mohamed_abdiasis@yahoo.com)  
Noelle Wiggins, Principal Investigator  
503-988-9460, [noelle.wiggins@multco.us](mailto:noelle.wiggins@multco.us)

**Major projects:**

- Community Capacitation Center
- STRYVE <https://vetoviolenecdc.gov/apps/stryve/>
- NEON is collaborating with the Community Capacitation Center of Multnomah County to provide the training using a proven curriculum that has been approved by Portland State University for 800 level college credit. Current CHW training participants will be eligible for state certification as Community Health Workers. Community Health Worker Training, please contact Pepper McColgan at: 541-398-1720 or [pmccolgan@neonoregon.org](mailto:pmccolgan@neonoregon.org)
- Warriors of Wellness (WOW), <http://www.orchwa.org/warriors-of-wellness/>

**18. RHODE ISLAND:** [Community Health Worker Association of Rhode Island](#)

**Contact:** Beth Lamarre, Coordinator, (401) 270-0101, ext 149,  
[chwassociationri@gmail.com](mailto:chwassociationri@gmail.com)  
Facebook: <http://www.facebook.com/chwari401>

**19. WEST VIRGINIA**

**Contact information:** [http://www.futurewv.org/community\\_health](http://www.futurewv.org/community_health)

**Mission:** Aims to build the capacity of rural community-based organizations to develop sustainable health education and promotion programs based on the CHW model

**Main projects of the association:**

- Provides technical assistance in project Planning, budgeting & Marketing, partnership Development, evaluation, fundraising, CHW best practices

## NATIONAL CHW ASSOCIATIONS

[American Public Health Association CHW Section](#) Mae-Gilene Begay

[National Association of Community Health Representatives](#) Ramona Dillard,  
CHR/CHWD, [rdillard@lagunatribe.org](mailto:rdillard@lagunatribe.org), Pueblo of Laguna, Laguna, N.M.; (505) 552-6652

[Community Health Representatives \(CHR\) Area Associations Oklahoma Area Association of Community Health Representatives \(OACHR\)](#) c/o Cyndi Gilks,  
President, Muscogee (Creek) Nation CHR Program Phone: (918) 623-1925 Email:  
[Cyndi.gilks@creekhealth.org](mailto:Cyndi.gilks@creekhealth.org)

[New Mexico/Southern Colorado CHR Association \(NMSCCHRA\)](#) Alk'inibaa'  
Mermejo, President Phone: (505) 660-8627 or (505) 455-4115  
[dinewarriorwoman@yahoo.com](mailto:dinewarriorwoman@yahoo.com) [akeemmermejo@sanipueblo.org](mailto:akeemmermejo@sanipueblo.org)

[Aberdeen Area Community Health Representatives Association \(AACHRA\)](#) John  
Eagle Shield, President; (701) 854-3856; [srchr@westriv.com](mailto:srchr@westriv.com)

**Indian Health Service: The Federal Health Program for American Indians and Alaska Natives** Tribally contracted Community Health Representatives since 1968 Community Health Representative Program; Indian Health Service Headquarters 801 Thompson Avenue, Suite 300; Rockville, MD 20852 301-443-2589 (office); 301-642-6634 (cell); 301-594-6213 (fax) Contact: Cathy Stueckemann, JD, MPA; Public Health Advisor/National Director [Cathy.Stueckemann@ihs.gov](mailto:Cathy.Stueckemann@ihs.gov)



**TN Community Health Worker Collaborative**

For More Information:

Visit [www.meharry-vanderbilt.org](http://www.meharry-vanderbilt.org)

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