

## Fact Sheet: Community Health Workers in New Mexico

- Community Health Workers (CHWs) are “community members who work almost exclusively in community settings and serve as connectors between health-care consumers and providers to promote health among groups that have traditionally lacked access to adequate care” (A Witmer, et al).
- CHWs work throughout the world, the United States, and New Mexico as valued members of the health care team.
- CHWs are called by more than 40 different job titles, including *promotor/a*, community health representative, doula, peer health promoter, community health advocate, nutrition educator, outreach educator, and more. The array of CHWs’ job titles reflects the multiplicity of roles they play.
- Under the title Community Health Representative (CHR), CHWs have been working in Native American communities since 1968.
- More than 300 CHWs provide services in New Mexico. Approximately 150 of them are CHRs working on tribal lands.
- The average hourly wage of New Mexico’s Community Health Workers is \$7.50. However, many work part-time or as volunteers.
- More than half of CHWs in New Mexico either have no health insurance or rely on public health insurance.
- More than half of CHWs in New Mexico have attended at least some college, usually as a result of their employment as CHWs.
- In New Mexico, CHWs work for many types of employers, including community based organizations, tribal health programs, primary care clinics, social service organizations, insurance companies, hospitals, and health departments.
- CHWs act as “information brokers in the community,” providing referrals, translating health information so that it is understood in laymen’s terms, and offering support to people who are uncomfortable with a sometimes imposing health-care system. CHWs also play critical roles in educating community members about policy as well as collecting information that can be used to inform policy and reform health systems (Marguerite Ro, et. al).
- Because CHWs are “community specialists” who are members of the communities in which they work, they can effectively serve hard-to-reach populations. Their personal networks and their knowledge of local cultures, languages, needs, assets, and barriers to service enhance their effectiveness.
- The participation of CHWs in outreach and enrollment efforts has proven to be a more effective strategy for reaching underserved populations than traditional media-based strategies.
- The positive impact of CHWs on community members’ physical and mental health can extend to their communities’ economic status. Improved community and individual health status have often been major determinants in the successful economic development of countries around the globe, and CHWs are often identified as the mechanism for improvements in health status.
- CHWs are useful in promoting health education, providing culturally-appropriate health promotion and supportive services, and may contribute to significant longitudinal cost savings.
- Development of a coordinated CHW program in New Mexico has the potential to reduce health disparities, bolster economic and workforce development, reduce health-care costs, and create healthier, safer communities.

### Sources

Ro, Marguerite, et al. “Community Health Workers and Community Voices: Promoting Good Health.” Report prepared for the W.K. Kellogg Foundation, March 2003.

Witner A., et al. “Community Health Workers: Integral Members of the Health Care Work Force. *American Journal of Public Health*. 1995; 85: 1055-1058.