

## What is a Community Health Worker?

A widely accepted definition for a Community Health Worker (CHW) is “a **frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.**”<sup>1</sup> CHWs serve as a bridge between patients and the health care system, and they are often instrumental to patients’ acceptance and use of health programs, better management of their health, and ability to meet social needs that affect their health.<sup>2</sup> CHWs also improve the function of care teams, maximizing what each professional does best and allowing providers to focus on clinical care—thus reducing strain and decreasing burnout.<sup>3</sup> For these reasons, primary care practices—among other health care and community-based organizations—are increasingly looking to staff their teams with CHWs.

## What do CHWs do?

CHWs deliver culturally and linguistically tailored health services in many settings. Among the many activities CHWs undertake, culturally appropriate health education and navigation of health and social service systems are some of the most common [Table 1]. Other examples include goal-setting, support and mentorship, care coordination, health advocacy, and social service screening and referral.<sup>4</sup>

**Table 1.**  
*CHW-specific work activities (self-reported)<sup>\*5</sup>*

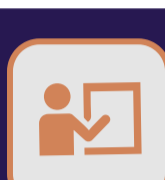
	Percentage (%)
Culturally appropriate health promotion & education	82%
Assistance in accessing medical services & programs	84%
Assistance in accessing non-medical services & programs	72%
Social support	46%
Transportation	36%
“Translating” (linguistic and cultural mediation)	36%
Interpreting	34%
Counseling	31%
Mentoring	21%

\* Activity categories aren’t mutually exclusive



“CHW” is often used as an umbrella term that encompasses a range of jobs titles, such as promotor/promotora, community health representative, community outreach worker, community educator, community care coordinator, peer support specialist, health liaison, patient/health advocate, patient navigator, and case manager.<sup>6,7</sup>

## How are CHWs trained in New York State?



Many New York-based organizations, including universities, community colleges, community-based organizations, health systems, and State and local government agencies, have developed tailored CHW training programs. While the New York State Department of Labor (NYSDOL) has set the curriculum for registered CHW apprenticeship programs, New York has no uniform, statewide requirements for CHW training.<sup>8</sup> There is no certification required to work as a CHW in New York.

## What do we know about CHWs in New York State?



- According to the NYSDOL, **6,390 CHWs are working in New York State.**<sup>9</sup> This is likely an undercount, given that CHWs have many other job titles, as presented above.
- New York State ranks **second in the United States** in the number of CHWs employed.<sup>10</sup>
- According to the National Association of Community Health Workers, CHWs are **predominantly women and people of color** [Table 2]. Nationally, 88.6% of CHWs are female and 41.3% of CHWs provide services to patients in languages other than English.<sup>11</sup>
- According to the NYSDOL, CHWs work in **outpatient care centers and physician’s offices** (14.8%); **hospitals** (14.6%); **individual and family services** (13.8%); **local government** (11.5%); **scientific research and development** (5.5%); and **employment services** (4.9%).<sup>12</sup>

**Table 2. Race/Ethnicity of CHWs in the U.S.<sup>\*13</sup>**

	Percentage (%)
White	43.3%
Black	31.7%
Latin American	6.0%
Native American/American Indian	4.8%
Asian/South Asian	1.6%
Pacific Islander	1.5%
Multi-Racial / Other	11.1%
Hispanic/Latino	37.7%

\*Race and ethnicity categories are not mutually exclusive.

<sup>†</sup>Data presented are imperfect representations of the CHW workforce in New York State because of limited sample size (n=867) and relatively low response rate from New York State.



**The CHW workforce is projected to grow in New York State by 44% between 2020 and 2030, much faster than other health care occupations.**<sup>14</sup>

## How has the CHW workforce grown in New York State?

The CHW workforce in New York State has been growing, especially in response to urgent needs for test and trace programs and vaccination outreach during the COVID-19 pandemic. The growth of the CHW workforce was facilitated by a significant infusion of federal and State resources for pandemic response. For instance, the NYC Public Health Corps, created with support from federal American Rescue Plan Act funds, deployed CHWs to partner with communities to reduce health inequities during the pandemic.<sup>15</sup> The CDC’s Community Health Workers for COVID Response and Resilient Communities initiative also enabled the expansion of CHW programs in Schenectady and Syracuse.<sup>16</sup> As these COVID-related funding streams expire, support for many CHW positions is set to end.

## How does Medicaid reimburse for CHW services in New York State?



Historically, New York State has supported CHW programs through contracts—notably through the Perinatal and Infant Community Health Collaboratives (PICHC) initiative (formerly known as the Maternal and Infant Community Health Collaboratives [MICH] initiative and the Community Health Worker Expansion Program).<sup>17</sup> In 2023, the Centers for Medicare and Medicaid Services (CMS) approved a State Plan Amendment from New York State that would, for the first time in the State, create a Medicaid benefit to reimburse health care providers for CHW services. New York State will join 28 other states that reimburse for CHW services via Medicaid in some capacity.<sup>18</sup>

In the coming months, New York State Medicaid will reimburse for the following CHW services:

- **Health Advocacy:** Facilitating access to respectful, high-quality, equitable health care and connecting individuals to community-based services;
- **Health Education:** Providing culturally competent information to improve health, enhance informed patient decision-making, and reduce barriers to accessing services;
- **Health Navigation:** Supporting individuals with social needs screening, referral to community-based resources, service coordination, benefits enrollment, and health system navigation.<sup>19</sup>

This new benefit will initially be focused on CHW services for pregnant and postpartum individuals.<sup>20</sup> The State plans to extend CHW services to children and adults with health-related social needs next year.<sup>21</sup> Various streams of forthcoming support from public payers would complement these Medicaid benefits, which are limited to certain providers and patient populations. These include the pending New York State Medicaid 1115 demonstration waiver and proposed Medicare reimbursement for Community Health Integration services.<sup>22,23</sup>



## What can be done to strengthen the CHW workforce?

**The New York Health Foundation (NYHealth) envisions an enhanced, integrated role for CHWs in primary care teams in New York.** CHWs have been proven to improve access to care and health outcomes, address social needs like housing and healthy food access, and lower health care costs.<sup>24,25,26,27</sup> CHWs are uniquely positioned to build relationships with and earn the trust of patients, particularly patients of color and those from other historically marginalized groups. Increasing support for CHWs in the primary care setting is one way to expand patients’ access to primary care, advance team-based care, and enhance health equity for CHWs themselves through career ladders.

**Primary care practices require assistance to successfully integrate CHWs into care teams.** For instance, practices need guidance in recruiting and hiring CHWs who have the right combination of shared experiences with patients, work experience, and knowledge of the health system to support and connect with patients effectively. Practices also need assistance in developing effective and supportive models of CHW supervision and coaching and updating clinical workflows to help CHWs productively contribute to patient care.

**Support is also needed to ensure that CHWs have a strong voice in policy discussions.** Effective implementation of new Medicaid reimbursement for CHW services requires that the State meaningfully engage with CHWs, their health care- and community-based employers, training organizations, and other stakeholders. Doing so will ensure that the benefit design accounts for CHWs’ needs and experiences and enhances their ability to contribute to patient care. Stakeholders in New York State representing CHWs, health care providers, community-based organizations, payers, and policymakers have a track record of coming together and generating recommendations on CHW reimbursement and related considerations like scope of practice and training—many of which still resonate today.<sup>28</sup>

**Finally, more engagement of CHWs is needed to gain a clearer understanding of the CHWs working across the State, given limited available information about the CHW workforce.** More—and more accurate—data would help guide this practice-based and policy interventions to strengthen the workforce. The data presented in this fact sheet are the most recent, and complete, available, but in some cases, they are more than 10 years old. Current State occupational data—for instance, the various settings in which CHWs work—present an inadequate representation of the CHW workforce; they do not encompass the many job titles CHWs hold. Expanding the knowledge base about CHWs is an important parallel strategy to strengthening the workforce.

See the full list of references [here](#).

Learn more about the Foundation’s work on primary care, including workforce development, [here](#).

Suggested Citation:

Foti, A.; Cobbs, E.; Ford, MM; Havusha A; Sandman, D., 2023, “Community Health Workers in New York State,” New York, NY, New York Health Foundation.