

“Community Health Workers Act of 2007”

The “Community Health Workers Act of 2007” (CHWA) (S. 586, H.R. 1968), introduced by Senator Jeff Bingaman (D-NM) and Representative Hilda Solis (D-CA), addresses the work of community health workers, also known by many other names, including *promotores de salud*, lay health educators, or outreach workers. The Act will not only strengthen the work they do and expand their resources but will also broaden their reach throughout their communities. The CHWA will provide grants to community-based organizations (CBOs), often the “lifeblood” of Latino communities, for health education, promotion, prevention, and outreach in minority communities that are currently underserved and underinsured. The grants would also allow for the CBOs to devote more promotion efforts to healthy lifestyles, especially among women and children, which have shown to make significant contributions in decreasing chronic diseases. In addition, this legislation would ensure that CBOs would be provided enrollment resources to help those they serve connect with health care insurance programs, including Medicaid and the State Children’s Health Insurance Program (SCHIP).

Who are community health workers?

Community health workers are individuals who are trained to promote health, nutrition, and health services enrollment within their own communities. As members of the community they are working in, they have an important advantage of knowing the people, the language, the barriers and the circumstances unique to those they serve. The CBOs that community health workers are connected to in these communities are already involved in culturally-competent and linguistically-appropriate education and are thus extremely effective at connecting eligible Latinos to the health education, services, and coverage they need.

Why are community health workers needed?

Over one-third (32.7%) of Hispanics in the United States are uninsured. Latino children have the highest risk of being uninsured out of any racial/ethnic group of U.S. children, with 21.9% of Latino children being uninsured, compared to 7% of non-Hispanic White children and 14% of non-Hispanic Black children. However, it is estimated that approximately two-thirds of uninsured children are income-eligible for some type of public health coverage, strongly suggesting that traditional outreach and education mechanisms are failing to reach children and families that could benefit from access to these critical programs.

Among some of the more prominent factors, poverty and noncitizen status of both parents and children play major roles in being uninsured. Many citizen children with noncitizen parents are eligible but not enrolled in health care services and therefore are significantly more likely than insured children to be in poor or fair health and experience adverse health outcomes. This population tends to experience a variety of difficult barriers to accessing adequate health care services, including poverty, immigrant status, not speaking English as their first language, transportation and location limitations, and having lower education levels. Just one of these barriers can deter these individuals and families from accessing services, as well as make it less

likely that these services will find them. Unfortunately, many people in this population experience more than one.

Community health workers have been clearly shown to be more effective than traditional outreach for programs such as Medicaid and SCHIP. In one study 96% of uninsured, eligible children obtained health insurance when being paired with a community worker outreach intervention versus 57% of children who went through regular enrollment processes.¹ In addition, families working with community workers experienced higher levels of satisfaction as they made their way through the process.

Because these workers are familiar with the communities, they are able to provide the types of information and assistance that are most useful to the community, including types of available insurance, assistance with applications, acting as family advocates and liaisons, and providing a wealth of culturally- and linguistically-appropriate health and wellness information and education. Traditional outreach and health education for programs such as Medicaid and SCHIP tend to focus much less on direct contact or assistance and rely heavily on mailings, flyers, advertisements, and telephone information numbers, which have been shown to be less effective in reaching minority and underserved populations. Community health workers clearly have an insider's advantage.

NCLR Position

The National Council of La Raza (NCLR) – the largest national Hispanic civil rights and advocacy organization in the U.S. – urges Congress to take action to pass the “Community Health Workers Act of 2007.” Providing adequate resources for CBOs to continue to enhance the services they can provide through their community health workers is an important piece of improving health and health services in the United States. Too many individuals, families, and children needlessly go without any health care coverage or complete knowledge of health information. Because of the unique position community health workers hold in their communities and their proven effectiveness at advancing outreach and increasing enrollment in central health coverage programs, affording them greater resources to do their work is a benefit to everyone's health and well-being.

¹ Flores, Glenn, “A Randomized, Controlled Trial of the Effectiveness of Community-based Care Management in Insuring Uninsured Latino Children.” *Pediatrics*, 2005, 116, 1433-1441