

Community Health Workers Advance Sustainability and Practice Integration in Utah

The National Association of Community Health Workers (NACHW) sat down with Oreta Tupelo—a community health worker (CHW) and co-founder of the Utah Public Health Association CHW Special Interest Group and Utah CHW Association (UCHWA)—to explore the role of CHWs, advancing CHW practice integration and sustainability, and improving community healthcare access.

Takeaways

- The Utah Department of Health and Human Services (DHHS) made direct investments through CDC CDC OT21-2103 ([COVID-19 Health Disparities Grant](#)) funding to support the launch of the UCHWA, which has played a critical role in advancing CHWs in Utah.
- UCHWA faces challenges and opportunities to bolster the CHW profession, including promoting sustainable compensation for CHWs’ full roles beyond care coordination and CHWs’ work in addressing the social determinants of health in the communities they serve.
- Allies in Utah can promote CHW sustainability by enacting the full core roles of CHWs, building a strong partnership with UCHWA, and expanding partnerships with other stakeholders to address the needs of Medicaid-eligible populations.

Background

Despite [six decades](#) of evidence on CHW effectiveness, two decades of [public health policy](#), national [workforce studies](#), and a [labor classification](#), CHWs remain a precarious workforce. The [Cornell Institute defines this](#) as “low-wage and contingent workers, who receive little or no benefits and have largely no institutional or legal protection,” including “immigrants, young workers, the unemployed, and the formerly incarcerated.” Currently, CHWs lack a national professional identity, [sustainable financing](#), and [legislative recognition](#) in dozens of states.

NACHW has documented [diverse identities](#) within the community health worker profession, including promotores, community health representatives from tribal nations, aunts/uncles within AAPI and Native Hawaiian populations, peers, outreach workers, and at least [90 other titles across the United States](#). CHWs are predominantly female and persons of color and are disproportionately [affected by inequities](#), often [experiencing many of the same disparities](#) across the [social determinants of health](#) and healthcare as the marginalized communities they serve.

The Utah CHW Association

[UCHWA](#) developed “to serve the growing needs of this resilient and powerful workforce.” Current UCHWA estimates indicate that [at least 550 CHWs are operating in the state](#), representing Latinx (14% of Utah’s population), Pacific Islander, and African communities, and currently serving in clinical, health system, government, educational, and community-based employment settings. UCHWA began organizing within the Utah Public Health Association special interest group and emerged as a CHW professional association in 2019. Early [CDC COVID-19 Health Disparities Grant](#) funding for the UCHWA came from the Utah DHHS Office of Health Equity, but these funds were time defined.

“We were closely observing where we could set a good foundation so that no matter where others were in this journey, we maintained the integrity of CHW work by advocating to the fullest for what we believed would be most effective for our profession in these new spaces and took this as an opportunity to educate and learn from partnerships.” – Oreta Tupelo

From its inception, UCHWA pursued opportunities to positively impact the future of the CHW profession. Highlights include supporting Utah DHHS in creating core skills training and exploring sustainability in Medicaid. A sustainable funding and advocacy workgroup was led by two CHWs and community policy advocates, Stephanie Burdick and Ciriac Valdez, which culminated in the 2021 report [Investing in CHWs is Investing in Utah](#) and subsequent state legislation for volunteer CHW certification ([SB104](#)). Members of UCHWA also participated in a [program managed by Utah Area Health Education Centers](#) designed to teach university medical and dental students about CHWs’ role in promoting cultural humility, addressing the social determinants of health, and their expertise navigating immigrant/refugee health issues and other topics in the community medicine curriculum.

Challenges and Opportunities to Advance CHW Sustainability, Practice Integration, and Community Health in Utah

The state of Utah has benefited from CHWs’ expertise in [addressing population health challenges](#), including navigating health system services and mitigating the impact of rural healthcare and social service shortages. Utah DHHS [has published materials](#) in support of Medicaid coverage for CHWs, describing CHWs as “essential support” and supporting adding CHWs as authorized providers to deliver services to approximately 3,000 Medicaid members.

As Utah DHHS continues to explore [Medicaid policy options](#) to expand access to health and social services and realize the benefits of CHW-Medicaid practice integration, having a robust state association like UCHWA can provide a pathway for policymakers and health department leaders to connect with CHWs to inform policy, especially around financing and payment. Financial sustainability of CHWs also remains a central concern moving out of the public health emergency; UCHWA recommends improving “access to financial resources for [CHW] sustainability, and increasing the trust of Utah providers in the capabilities and benefits CHWs can contribute to the health system.”

“Together, the vision where the future holds no prejudice towards communities based on their zip code but provides equal and equitable services that we understand will take us on a different journey of not only healing but serving all through true collaboration. We cannot one without another do this work and be effective. One mind, One love, One CommUNITY!” – Oreta Tupelo

Appendix

The State of Utah’s Infrastructure for CHW Sustainability

Utah Community Health Worker Association (UCHWA) Definition of CHWs: “A community health worker is an individual that works to improve social determinants of health and acts as an intermediary between a community and health services or social services. These public health professionals have the goal of a) facilitating access to services; b) improving the quality and cultural competence of service delivery; and c) increasing the health knowledge and self-sufficiency of an individual or a community through outreach, capacity building, community education, informal counseling, social support, and other similar activities.”

CHW Certification in Utah established through R380-350: More information available at the Utah Department of Health and Human Services Office of Health Equity: [Community Health Worker \(CHW\) State Certification](#).

CHW Core Skills Training Program offered through the state health department and additional host sites: More information available at the Utah Department of Health and Human Services: [CHW Core Skills Training Program](#).

Utah Adoption of C3, CHW Code of Ethics, and APHA definition of CHWs: Available through CHW Network, [CHW Code of Ethics Toolkit](#).

[Utah CHW Core Skills](#) as compared to the [CHW Core Consensus Project](#)

Utah CHW Core Skills Training	CHW Core Consensus Project Core Competencies
Advocacy	Advocating for individuals and communities
Outreach	Conducting outreach
Capacity building	Building individual and community capacity
Individual and community assessment	Implementing individual and community assessments
Coordination and navigation	Care coordination, case management, and system navigation
Interpersonal and relationship building	No clear equivalent
Education and facilitation	Providing culturally appropriate health education and information
Communication and professional conduct	No clear equivalent
N/A	Providing direct service
N/A	Participating in evaluation and research
N/A	Providing direct service
N/A	Cultural mediation among individuals, communities, and health and social service systems
N/A	Providing coaching and social support

Utah's Medicaid Context Relating to Community Health Workers

Governance: Utah DHHS has divisions that lead both public health and Medicaid.

Medicaid Managed Care: The [majority of Utah Medicaid beneficiaries](#) (84% in 2022) are in managed care settings.

CHW Reimbursement: According to the [National Academy for State Health Policy](#), some accountable care organizations cover the cost of CHW services through Medicaid administrative payments. CHWs are not reimbursable as an independent provider (i.e., no state plan amendment in place to add CHWs as a provider type).

About NACHW

NACHW is the national voice for CHWs. NACHW's mission is to unify CHWs across geography, ethnicity, sector, and experience to support communities in achieving health, equity, and social justice. NACHW supports CHWs (including community health representatives [CHRs], promotoras[es], and other workforce members) in promoting self-determination, integrity, and social justice; advancing CHW professional identity; and amplifying CHW leadership and capacity building. NACHW's over 4000 individual and organizational members hail from all 50 states, as well as a growing number of U.S. territories and tribal nations.

NACHW was [developed](#) in response to CHWs, CHRs, promotores, and other public health and social justice workforce members who increasingly sought a national body to serve as their voice in policy discussions, a forum for consideration of professional standards, and as a resource for CHW leadership and professional development. NACHW has been a leading voice describing CHW leaders' [insights](#) during COVID-19, documenting their [firsthand experience](#) with community-level systemic barriers, and creating the first ever national CHW [policy platform](#) so that public and private organizations could respect and partner with them.

NACHW defines CHW networks as community-based organizations (including CHW associations and coalitions) with the following characteristics:

- a. Mission and activities focused primarily on CHW workforce development, mentoring, member mobilization, and advocacy.
- b. Membership comprised primarily or substantially of CHWs.
- c. Leadership comprised primarily or substantially of CHWs.**
- d. Operation at the municipal, county, state, regional, and/or national levels.
- e. Structured to serve the needs of their constituents and operating under names that may include but are not limited to: network; association; alliance; collaborative; coalition; or other terms.

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