



*Special Introduction from Noelle Wiggins, EdD, MSPH, and E. Lee Rosenthal, PhD, MS, MPH, Guest Editors*

## **Supporting CHW Advocacy and Creating Conditions that promote CHW Success**

This is the second time that the *Journal of Ambulatory Care Management* has dedicated a set of special issues to literature about, for -- and often by -- Community Health Workers. *JACM* has a history of providing space for dialogue about issues of primary health care and social justice. The CHW world is lucky to have found a niche within *JACM* and to have the support of its forward thinking Editor-in-Chief, Dr. Norbert Goldfield. The special issues provide an opportunity for members of the CHW field to reflect upon our work to strengthen CHW policy and practice “from the inside out.”

An important aspect of this opportunity has been the latitude provided by Dr. Goldfield to include pieces not often found in academic journals, such as the “CHW Voices from the Field” in both the previous and the current set of issues. In addition, the issues provide an opportunity for CHWs and allies to become more connected as a community of practice. This stands in contrast to many other peer review venues where we seek to illustrate CHW efficacy and their return on investment -- also important but not so critical for those of us who already feel confident in the truth of both.

Ultimately, the special issues will include more than 12 research articles and commentaries and 7 CHW “Voices from the Field.” The issues explore CHWs’ role in advocating for their profession and their communities, as well as contributions of CHWs to reforming the US health care system and increasing access to healthy food and nutrition. Other themes include the role of culturally-specific CHW training and the ways evaluation can strengthen CHW organizations.

The set of issues includes 7 CHW Voices, the development of which has been facilitated by both Dr. Rosenthal and our longtime colleague Dr. Susan Mayfield Johnson. A wide range of CHW experiences are shared by authors Saby Mencia (California), Genoveva Martinez (Texas and Michigan), Jennifer Robinson (North Carolina), Abdul’Hafeedh bin’ Abdullah (Oregon), Kim Artis (Illinois), Mrs. Saaengthong (Thailand) and Khanyisa Lucwaba (South Africa). We want to acknowledge the contributions of numerous colleagues around the world in helping these Voices to be heard.

We are pleased to include Commentaries, one in each special issue to date, by physicians who genuinely understand and appreciate the unique role of CHWs and value their partnerships with them. In his Commentary in the first issue, Dr. Rishi Manchando, a physician and author of the TED book, *The Upstream Doctors*, describes the role of CHWs in what he calls “upstream medicine.” In the second issue, Dr. Tina Castañares reflects on over 30 years of practice with CHWs, and how that experience has led her to believe that CHWs “have a unique capability . . . to transform American health care and public health.”

To date, the special issues include 10 articles based on original research. In the first issue, Dr. Samantha Sabo and her colleagues use results from their nationwide survey of CHW advocacy to elucidate CHWs’ roles in advocating for their development of their profession. On a similar theme, Ms. Veronica Bate Ambrus and colleagues examine how CHWs and allies worked together to advocate for the passage of legislation to advance the CHW workforce in Illinois. In their open access article, Dr. Rachel Kutcher and colleagues discuss a partnership funded by the CDC that supported *promotoras de salud* in six Western states to carry out policy, systems, and environmental strategies. In the final article dealing with CHW advocacy, Dr. Kerstin Reinschmidt and colleagues examine the ways organizational infrastructure influences CHWs’ capacity to advocate for communities.

Addressing the theme of CHWs’ role in health care reform, Ms. Caitlin Allen and colleagues use data from interviews with CDC-funded state partnership grantees to identify strategies to optimize CHW capacity to address chronic conditions. Similarly, Dr. Ashley Wennerstrom and colleagues use interview data to explore lessons learned from a pilot program in which CHWs promoted behavioral health in primary care settings.

In the second special issue, Dr. Edith Kieffer and her colleagues describe how they have used a well-known framework for evaluating the health of coalitions to assess the success of the Michigan Community Health Worker Alliance (MiCHWA). More broadly, their paper seeks to “illustrate ways that CHW coalitions can use participatory evaluation to develop and reinforce coalition strengths and accomplish mutual goals.” Ms. Arika Bridgeman-Bunyoli and her colleagues

(many of whom are CHWs) describe how they used community-based participatory research to explore the effectiveness of an Afrocentric, popular-education based curriculum for empowering African and African American CHWs and addressing the underlying causes of grievous health inequities affecting their communities.

An additional topic explored in the second special issue is how community-level advocacy, facilitated by CHWs, can produce conditions that make “the healthy choice, the easy choice.” In one article on this theme, Ms. Jessica Haughton and co-authors investigate the effectiveness of CHW-led, culturally specific, faith-based programs that target multiple levels of the Social Ecological Model to increase physical activity among churchgoing Latinas. In a second article, Ms. Rachel Kutcher and colleagues describe how the REACH Su Comunidad Consortium worked with 10 communities throughout the western US to address disparities in access to healthy food and physical activity among Hispanic populations through policy, systems, and environmental (PSE) strategies. This article also highlights professional development needs of CHWs engaging in PSE strategies.

In their article, Dr. Andrea Cherrington and her colleagues describe the development and pilot-testing of an interactive mHealth web-based application that allowed for the effective and secure exchange of information between CHWs and the primary care team, bridging both environments and allowing patients to benefit from coordinated efforts while building the evidence on new tools to better support CHW integration into systems of care.

A final issue, upcoming in spring 2016, will feature at least two additional articles. One, by Dr. Hector Balcazar and his colleagues from the *Universidad Ibero Americana*, surveys what is known and not known about CHWs in Mexico, before focusing on three current projects that are contributing to the development of a systematic knowledge base. An additional article, by Mr. Geoff Wilkinson and colleagues, describes how public and private partners including CHWs worked together in the state of Massachusetts to develop innovative policy and services, including state certification of CHWs, integrated chronic disease programs, and a state-funded program to demonstrate the value of community-based prevention in reducing health cost growth.

The theme running through all these “Voices,” articles and commentaries concerns the conditions that allow CHWs to be most successful. According to the authors featured in these special issues, CHWs must be identified through a process that is guided and directed by community. They must be supported to enhance their skills through liberating and empowering methodologies and philosophies that view culture as an asset and not a liability. They need to be surrounded by other health professionals, such as physicians, who fully appreciate their skills and wisdom and are committed to using it. It is essential that they engage in coalitions with allies and that the functioning of those coalitions be regularly evaluated. They must be welcomed onto research teams and into advanced degree programs, where they bring uniquely valuable perspectives and can become the next generation of CHW researchers. When all these things happen (and due to CHWs’ tenacity, sometimes even when they don’t), CHWs can work with their communities to shift power and change dominant culture. Only when this happens will health inequities truly be eliminated. The time is now.

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