



## CHW-Health System Integration Webinar Series 2020

### Webinar Guide to Session 1 | CHWs: Members of a Recognized Profession

#### Introduced in Session 1:

[Chinese Village Doctor Program](#)

[History of CHWs in the US](#)

[The 1998 National Community Health Advisor Study](#)

[Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities \(APHA Policy Number 20091\)](#)

[Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing \(APHA Policy Number 201414\)](#)

[Oregon Traditional Health Worker Commission Resources, Laws, & Policies](#)

[Oregon Traditional Health Worker Registry](#)

[C3 Core CHW Roles](#)

[Community Health Worker Scope of Practice \(Oregon Traditional Health Worker Commission\)](#)

[CHW Qualities, Skills, & Competencies](#)

[Video: Together, We Support Community Health: The Power of CHWs](#)

#### Bank of Commonly Used Terms

- **[CHW-health system integration](#)**: how CHWs and health systems intentionally work together. (Oregon Community Health Workers Association, 2020).
- **[Social justice](#)**: “A concept premised upon the belief that each individual and group within society is to be given equal opportunity, fairness, civil liberties, and participation in the social, educational, economic, institutional and moral freedoms and responsibilities valued by the society.” (Canadian Race Relations Foundation, 2019, online glossary)
- **[Equity](#)**: “A condition or state of fair, inclusive, and respectful treatment of all people. Equity does not mean treating people the same without regard for individual differences.” (Canadian Race Relations Foundation, 2019).
- **[Community health worker](#)**: “A community health worker is a frontline public health worker who is a

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trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural [humility] of service delivery.” (American Public Health Association, 2009).

- **Cultural humility [vs. “cultural competence”]:** a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. (First Nations Health Authority, n.d.)
- **“Nothing about us without us!”:** a reminder that [CHWs] should engage in policy development and advocacy so that their perspectives and wisdom are reflected in all decisions that affect the CHW workforce and the communities that CHWs serve. (Spock & Wennestrom, 2019)
- **Culturally and linguistically-specific [or “appropriate”] services:** “Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.” (US Department of Health & Human Services Office of Minority Health, 2013).
- **Structural racism:** “Inequalities rooted in the system-wide operation of a society that excludes substantial numbers of members of particular groups from significant participation in major social institutions” (Henry & Tator, 2006, p. 352).
- **Health equity:** “Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: (A) The equitable distribution or redistributing of resources and power; and (B) Recognizing, reconciling and rectifying historical and contemporary injustices (Oregon Health Authority, 2019).
- **Health-related social needs:** an individual’s social and economic barriers to health, such as housing instability or food insecurity. (Oregon Health Authority, Oregon Health Plan Definitions, 2019)
- **Social determinants of health:** The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (World Health Organization, n.d.)

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- **Farthest from justice [those who are]:** “defining who is the farthest from having their needs met in a particular situation and centering the work and solutions on ensuring justice for them. This means practicing racial equity by sharing power and control, and centering their wellbeing and comfort.” (Fakequity, 2019).
- **Racial equity:** is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them (Center for Assessment & Policy Development, 2019).
- **Requisite qualities [of CHWs]:** Innate, personal characteristics or traits that can be enhanced but not taught, also called “attributes” [that are essential to CHW competencies] (Rosenthal, Menking, & St. John, 2018).

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