What is a Community Health Worker?

The American Public Health Association defines community health worker as “…a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.”

But what does this really mean to us in our work in Whatcom County?

Members of the Whatcom CHW Network discussed and explored key words from the American Public Health Association’s (APHA) definition of community health workers: community, health, public health, trusted member (of the community served), and unusually close understanding (of the community served).

This is not a “consensus statement.” We have differing opinions and perspectives on the meaning of these words.

Community (in general):
- Finding connections with strangers
- Group with shared experiences and norms
- Who you’re close with (physically vs. emotionally etc.)
- Bond
- My neighbors/Birchwood area where I live, friends, family, aunts and uncles, mentors
- Your neighbor (residential or work place)
- Your surrounding area
- People you have an affinity with, like through career or work
- A sense of belonging
- Reciprocal relationships

Community (specific communities we work with):
- Homeless
- Anyone who needs help
- Homeless families
- Low income families
- Families and children
- Low income children in Whatcom County
- Students, families, singles, seniors
- Vietnamese/E Asian
- Latinx/indigenous
- Western students
- Latinx
- Survivors of domestic violence/sexual assault/sexual exploitation – anywhere, mostly Whatcom
- Underserved families in Whatcom; Point Roberts
- Persons of color communities
- All Whatcom residents
- Immigrants, refugees, Latino/@
- East county residents
- Nooksack tribe: At the base of Mount Baker
- Lummi Nation: family, people are related; our own

Health
- Personal balance
- Integrated wellness
- Intentional living/doing
- More than physical
- Not just absence of disease but best-self
- Well-being
- Mind, spiritual, physical, social, body = health (inside/outside)
Public Health
- Health for all – more than one person
- Social determinants of health
- Serving a group or a geographic area
- Healthy nation
- Policy based disease prevention
- Access/accessible
- “Research-y.” Reducing “bad”/improper behaviors to reduce expenses of healthcare
- Air quality, safe and affordable housing, affordable & accessible food, infectious disease
- Mental health support, job and wage quality, medical & dental clinic accessibility, family planning
- Community wellness
- Any organization that works on community wellness
- For the good of the community
- Legislative aspect
- Reactions, guarding

Unusually close understanding (of the community served):
- Based on lived experience
- Immersion: training, stories, shared experiences
- Shared experiences
- Not overtly political but has clear interest areas
- Does not formally work for a community organization
- Uniquely close
- Lived experiences, “they thru ____________.”
- A LOT of exposure with community (authentic exposure); you got a presence
- Understanding the needs
- Understanding common barriers and resiliency

Trusted member (of the community):
- No ulterior motives
- Well established relationships
- Collaborative leadership
- With knowledge, with skills
- Who determines trust?
- Am I publicly known?
- Non-judgmental
- Open, empathic and transparent
- Respect (mutual)
- Lives in the area
- Establishing trust by following through
- Only gathers information that’s “need to know”
- Working for a health clinic – does reputation matter?
- Trusted individuals and/or trusted organizations
- Having someone who understands your experience first hand
- Dependable and knowledgeable
- Build a bond by listening; “soundboarding”
- Historical trauma makes it hard, adds to distrust
- Who are you? Where are you from? Who’s your family?
- A sense that we care, and intention
- Health outreach vs. being a friend