

Nurses And Community Health Workers: Turf War Or Compatible Colleagues?

By Kathy Karsting, RN, MPH



NURSES ARE RECOGNIZED as the core trusted backbone of the healthcare system. We have a legitimate vested interest in something as definitive as a changing healthcare workforce. Through the lens of scope and standards of professional practice, and a code of ethics, we can assess emerging roles in the workforce on their merits: are all people better served and our most disparate outcomes addressed, or is the change merely the next big idea in saving money, at the expense of consumers and possibly, quality of care?

Relatively new to many of our health care systems and clinic settings is the **Community Health Worker (CHW)**. As a result of recent federal funding awards to

both the University of Nebraska Medical Center(1) and Creighton University (2), Nebraska will be seeing significant growth in the size of the CHW workforce, from approximately 300 workers in 2020 (3) to nearly 800 by 2025. Many health systems and community organizations in Nebraska are expressing interest in CHWs as a means to expand their reach and effectiveness with rural, isolated, and disadvantaged groups, and improve health outcomes. Unfortunately, sometimes promotion of community health workers sounds a lot like “a less expensive alternative to nurses.”

It is critical for nurses in Nebraska, therefore, to understand the role and training of community health workers, and be able to

discuss in professional terms the boundaries and limitations of the CHW role, while still understanding the advantages of having a CHW on an interdisciplinary team. CHWs can never replace nurses. The CHW has no clinical function, nor is it an independent role. Community Health Workers require supervision and direction. Nurses have proven excellent in this oversight role with CHWs. To nurses, CHWs can be a useful and unique instrument in the nurse’s toolbox to effectively reach and improve the health and lives of patients.

In a training project for CHWs hosted by the University of Nebraska Medical Center, participants receive training over a ten-week period focused on healthcare ethics, social determinants of health, community outreach and needs assessment, advocacy, culturally and linguistically responsive healthcare, mental health, and emergency response. The didactic training is followed by a period of supervised field experience or apprenticeship. While trainees earn a certificate for completion of the training project, there is presently no statewide certification or regulation of CHWs. While they can be exceptionally effective in assisting with patient communications, CHWs must be viewed as unlicensed assistive personnel.

As a nurse, in what ways do you recognize the social and economic determinants of your patients' well-being, and work to address health disparities? One approach we all might consider is welcoming a trained Community Health Worker to join our teams. The Community Health Worker may be, put simply, a community member: an individual familiar and trusted within the communities most likely to be disadvantaged in the health system and other spheres as well (4). Remember the CHW is a worker with no clinical training, and formal academic background may be limited. Yet a trained CHW is a team member with exceptional communication skills, able to do work many of us have recognized but have not been able to invest the time. A CHW may be the team member most likely to take the time to understand the culture and language of the individual and family, the wider scope of social and resource needs impacting health, make connections with community resources and support, grow trust and confidence, and hold a place to communicate with the team as an advocate for the individual. The point is, a CHW can help nurses deliver more effective nursing.

As nurses we want to be part of changes in the healthcare workplace that will improve outcomes and diminish health disparities. We want to sustain the trust and leadership we have earned as nurses in the healthcare system. We recognize the truth that health workers all too often are of a distinctly different background, culture, and economic status when compared to their patients. When nurses help supervise, mentor, and encourage Community Health Workers, we sow the seeds of a more diverse, inclusive, and respectful health care system. Paying attention to this workforce and concurrent policy development assures nurses will be positioned as leaders to preserve the distinct identities and responsibilities of both roles. Working with CHWs, nurses can inspire transformative systems change AND career growth in ways that can only benefit the nursing profession – and those we serve - in the future.

1. University of Nebraska Medical Center CHW Training Project: <https://www.unmc.edu/publichealth/chwp/index.html>
2. Creighton University CHW Training Project: <https://www.creighton.edu/healthsciences/cphhe/cphhe-programming/programs-for-community/chwtapp/apprenticeships>

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[creighton.edu/healthsciences/cphhe/cphhe-programming/programs-for-community/chwtapp/apprenticeships](https://www.creighton.edu/healthsciences/cphhe/cphhe-programming/programs-for-community/chwtapp/apprenticeships)

3. Su, D., Crum, A., Ouattara, B., Vinton, V., Ern, J., & Toure, D. (2020, January 27). Nebraska Community Health Workers: A Statewide Assessment. Nebraska Department of Health and Human Services. <https://dhhs.ne.gov/MCAH/CHW-Workforce-Assessment-Key-Findings.pdf>
4. National Association of Community Health Workers: <https://nachw.org/>

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