



Cornell University  
ILR School

Cornell University ILR School  
**DigitalCommons@ILR**

---

Buffalo Commons

Centers, Institutes, Programs

---

11-11-2012

## Community Health Workers: A Holistic Solution for Individual and Community Health

Sam Magavern

Jacqueline MacKeller

Jessica Bauer Walker

Follow this and additional works at: <https://digitalcommons.ilr.cornell.edu/buffalocommons>

Thank you for downloading an article from DigitalCommons@ILR.

**Support this valuable resource today!**

---

This Article is brought to you for free and open access by the Centers, Institutes, Programs at DigitalCommons@ILR. It has been accepted for inclusion in Buffalo Commons by an authorized administrator of DigitalCommons@ILR. For more information, please contact [catherwood-dig@cornell.edu](mailto:catherwood-dig@cornell.edu).

If you have a disability and are having trouble accessing information on this website or need materials in an alternate format, contact [web-accessibility@cornell.edu](mailto:web-accessibility@cornell.edu) for assistance.

---

## Community Health Workers: A Holistic Solution for Individual and Community Health

### Abstract

Community Health Workers (CHWs) go by many names, including outreach workers, patient navigators, peer health educators, and lay health advocates. CHWs help people overcome obstacles by accompanying them through treatment, monitoring needs for food and housing, leading education campaigns and empowering community members to take charge of their own health. As members of the communities they serve, CHWs establish relationships of trust with those they serve, bridging the gap between the clinic and community. Community Health Workers embrace a holistic conception of health, working not only in health care, but also with the social determinants of health such as poverty, education, and housing.

### Keywords

Buffalo, Health, Community Health Workers, Policy Brief, PPG, PDF

## Community Health Workers: A Holistic Solution for Individual and Community Health

*Sam Magavern, Jacqueline MacKellar, and Jessica Bauer Walker*

### What is a Community Health Worker?

Community Health Workers (CHWs) go by many names, including outreach workers, patient navigators, peer health educators, and lay health advocates. CHWs help people overcome obstacles by accompanying them through treatment, monitoring needs for food and housing, leading education campaigns and empowering community members to take charge of their own health. As members of the communities they serve, CHWs establish relationships of trust with those they serve, bridging the gap between the clinic and community.<sup>1</sup> Community Health Workers embrace a holistic conception of health, working not only in health care, but also with the social determinants of health such as poverty, education, and housing.

CHWs make connections between individuals, communities and systems. CHWs help build individual and community capacity through a range of activities such as outreach, health education, home visiting, community organizing, informal counseling, social support, translation/interpretation and advocacy.<sup>2</sup> As of 2005, there were over 120,000 CHWs in the United States, working in a wide variety of settings, ranging from hospitals to churches, from neighborhood centers to schools.<sup>3</sup>

### A Community Health Worker in Action

I came to the house of a client who was from Puerto Rico, and she didn't speak any English, and she had a premature baby. She didn't have a home of her own so she was staying with some people on their couch. She had *nothing* for her baby. The baby was actually sleeping in a box with a blanket, because that's all she had for a crib. We pulled all of our resources and showed up the next day with two carloads of everything you could possibly need for a baby. Crib, basinet, stroller, clothes, diapers, everything. And I remember the look in her face was the most inspiring thing, and I'll never forget it. On my way there, I thought the look would be one of gratitude, but it actually turned out to be a look of 'Oh my gosh, I think I might actually be able to do this. I may actually be able to take care of this preemie child, in a place that I don't know, not knowing the language, because I have the tools that I need to be a good mother to my child.'

*Nadia Pizarro, Enhanced Outreach Worker, American Red Cross*

### What are Some Roles that CHWs Serve?

- Providing cultural mediation between communities and health and human services systems,
- Providing informal counseling and social support,
- Providing culturally appropriate health education,
- Advocating for individual and community needs,
- Ensuring that people obtain necessary services,
- Building individual and community capacity, and
- Providing basic direct services.<sup>4</sup>

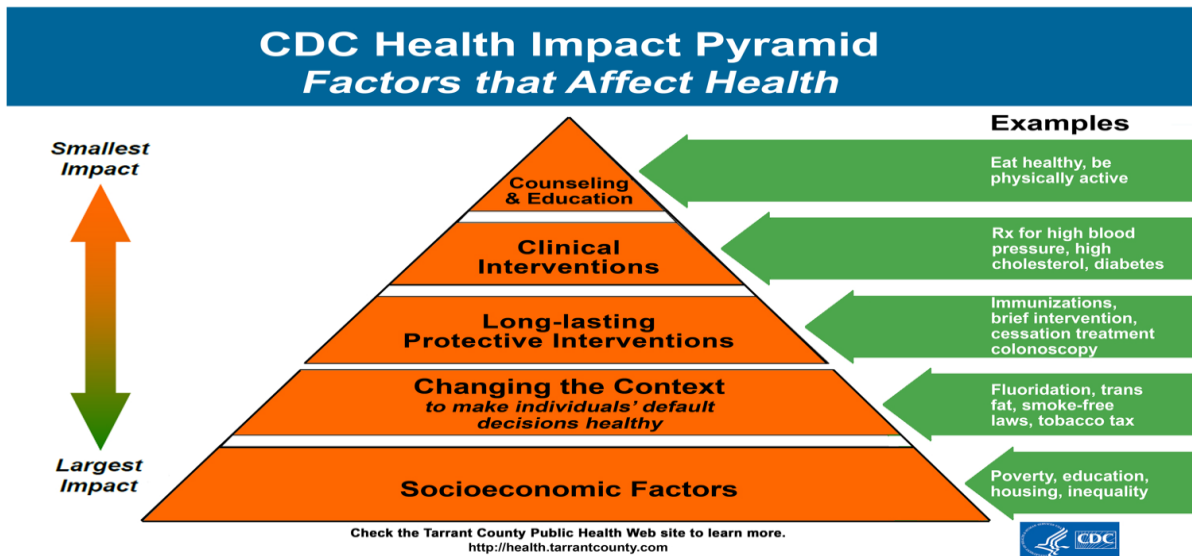
Community Health Workers can be a critical part of the solution. They provide outreach, information, referral, advocacy and other support to promote health for underserved communities, and strengthen the cultural competence of health and service organizations. By fostering accessible, affordable, and culturally appropriate care, CHWs . . . are helping to address persistent health disparities for vulnerable populations and create healthier, more equitable communities.

*Blue Cross and Blue Shield  
Foundation of Minnesota*

### What are Social Determinants of Health?

The U.S. ranks 37<sup>th</sup> on the World Health Organization (WHO) scale in health performance, despite spending more than twice the average of other industrialized countries on health care.<sup>5</sup> Why?

Extensive research has proven that social circumstances, environmental context, and behavior patterns play a larger role in determining health outcomes than health care, and yet the U.S. spends 95% of its health dollars on health care, and only 5% on public health.<sup>6</sup>



CHWs create healthier communities by focusing on social determinants of health such as education, employment, housing, environment, food and nutrition, domestic and public safety, and family and social networks.

### **What is a “Strengths-Based Approach?”**

One of the defining characteristics the Community Health Worker way of working is a strengths-based orientation. Instead of merely diagnosing what is wrong and deficient in a person, a CHW works in partnership with an individual to help identify strengths from which to build on. To support population health, the Community Health Worker Network of Buffalo also uses an approach called Asset Based Community Development (ABCD). ABCD recognizes that it is not enough to *deliver* health services to a community; instead, the residents of a community must become the co-producers of community health, building from the community’s existing assets to address root causes of poor health.

*Asset Based Community Development recognizes that it is not enough to deliver health services to a community; instead, the residents of a community must become the co-producers of community health, building from the community’s existing assets to address root causes of poor health.*

### **What are the Assets that Every Community Shares?**

Every neighborhood, no matter how disadvantaged, has assets, including:

#### **Actors**

- Individuals: the talents and skills of local people.
- Associations: local informal groups and the network of relationships they represent.
- Institutions: agencies, professional entities and the resources they hold.

#### **Context**

- Infrastructure and physical assets: land, property, buildings, equipment.
- Economic assets: the productive work of individuals, consumer spending power, the local economy, local business assets.
- Cultural assets: the traditions and ways of knowing and doing of the groups living in the community.<sup>7</sup>

### **Asset Based Community Development in Buffalo**

One of the ideas that got me excited during my training was Asset Based Community Development (ABCD). Unlike the deficit model, which starts off with what's wrong, Asset Based Community Development is a strengths approach. It assumes every human being has value, and at the end of this process – no matter where a human being is at – they have demonstrated some strengths, and we're going to take those strengths and we're going to build on them.

ABCD says that every community has the assets that it needs to build its own future. And I use that. When I work with parents, the starting point is, "What do you do well? What are your strengths?" Then what we're going to do is we're going to build on that toward the outcome we all want.

*Sam Radford, President, District Parent Coordinating Council*

### **How do CHWs Improve Health Outcomes?**

CHWs improve health outcomes by providing more supportive, holistic care and by focusing on prevention and comprehensive chronic disease management that reduces hospitalization and emergency room visits.<sup>8</sup>

Dozens of research studies have shown success by CHWs in combatting chronic diseases such as asthma, diabetes, hypertension, cardiovascular disease, depression, and mental illness.<sup>9</sup> See Appendix I for some examples.

### **Diabetes Education**

We ran a diabetes education program that showed very positive results for over 100 women. We showed significant weight loss, and also an improvement in knowledge and understanding of diabetes and how to prevent it, and also how to take more responsibility for their health.

*Grace Tate, Vice President, Buffalo Urban League*

### **Why are CHWs Important in Buffalo-Niagara?**

- New York leads the nation in health care spending (\$180 billion per year), but its rate of death as a result of chronic disease is the highest in the country. Statewide, almost one in 12 children suffers from asthma, and almost one in four are obese.<sup>10</sup>
- Buffalo-Niagara is home to some of the worst racial and economic inequities in the nation:

- Buffalo-Niagara has the seventh worst racial segregation of the 362 major metropolitan areas in the nation,<sup>11</sup> with 81.4% of African-Americans living in high-poverty neighborhoods;<sup>12</sup>
  - The poverty rate for the metro area is 13.8%, but in the City of Buffalo it is 29.6%;<sup>13</sup>
  - Over three-fourths of Buffalo public school children qualify for free or reduced price lunch;<sup>14</sup>
  - The Buffalo Public Schools graduation rate has ranged from 45% to 53% over the past five years, while the New York state average has ranged from 69% to 73%.
- Buffalonians suffer from disproportionately severe health problems. For example,
    - Over 17% of Buffalo city residents are disabled, compared to national average of 12%;<sup>15</sup>
    - 17.1% of Erie County residents smoke every day, compared to 11.5% of New York state residents;<sup>16</sup>
    - 64.8% of Erie County residents are overweight or obese, compared to 58.2% of New York state residents;<sup>17</sup>
    - Each year, roughly 250 Erie County children test positive for lead poisoning;<sup>18</sup>
    - Between 13% and 22% of children in Buffalo suffer from asthma.<sup>19</sup>
- Buffalo is home to a growing number of refugees and immigrants. The city now includes 27,789 residents whose first language is not English,<sup>20</sup> and the number of LEP/ELL students in the public schools has grown to 3,862.<sup>21</sup>
  - Of the 65,724 foreign born people in the Buffalo-Niagara metro area, 24.97% are living in poverty. In the city of Buffalo, 34.05% of the foreign born live in poverty.<sup>22</sup>

**The Unheard Voices Project:  
Using Theater to Empower  
Refugees**

When she came here, she had nothing. She didn't like Buffalo, it was very cold, and she didn't have any relationships or other support. Then we did Unheard Voices with her, and she said, 'You know, I didn't think I was going to stay in Buffalo, it just was not who I was. But because of this project, now I feel like I'm a *part* of this community, and I'm going to stay here.'

*Rahwa Ghirmatzion, Executive  
Director, Ujima Theatre*

**What is the Community Health Worker Network of Buffalo?**

The CHWNB formed in 2010 through the efforts of a group of advocates in health care, public health, academia, and community based organizations looking to foster “bottom up” strategies to improve community health in Buffalo and beyond. The CHWNB grew as frontline workers and stakeholders came together in the areas of health care, public health, housing, education, environment, food access, and social services; with the intent to empower community members to define their own challenges and opportunities and to take action to determine their own future.

The CHWNB’s mission is to provide opportunities for the residents of vulnerable neighborhoods to realize their full potential for health and well-being. The CHWNB achieves this through empowerment and asset-building strategies for individuals and communities, developed and delivered by a diverse collaboration of Community Health Workers (CHWs), community members, advocates and other stakeholder groups.



## Community Health Worker Profiles

---

### **Samuel Radford III**

#### **President**

#### **Buffalo Public Schools District Parent Coordinating Council**

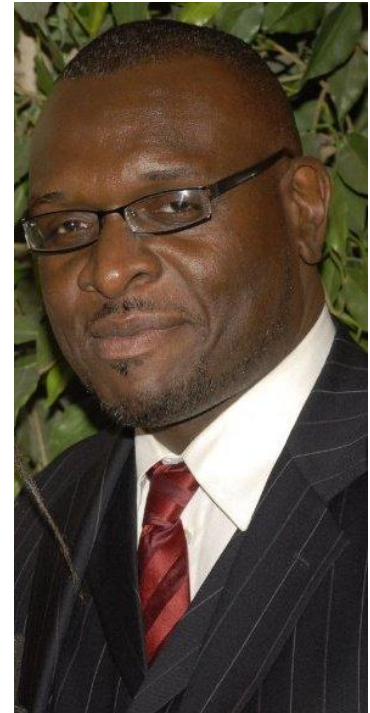
As a Community Health Worker, I focus primarily on education. I began my community work twenty years ago as a block club organizer, trying to improve quality of life in Buffalo neighborhoods and get drug dealers off street corners. That turned into working with youth, which turned into working with the schools, and ultimately into my work with the District Parent Coordinating Council.

Training as a Community Health Worker has made a huge difference in my work. Because I was doing the work, and the community groups I've been a part of were doing the work, but we hadn't really heard of the concept of a Community Health Worker. The training gave us a framework, a language to talk about what we do, to really understand how all these issues—health, education, neighborhood safety—come together under a title you can organize under. The Community Health Worker concept gives us a spine that everything that we do connects to.

One of the ideas that got me excited during my training as a CHW was Asset Based Community Development. The primary community asset is the human being. It may be a person's interest in working with young people, in sports, in gardening, or maybe in construction work. Then we identify what we're trying to achieve and we deploy those assets to get to the outcome we all want.

Miss Dorothy Gray and the Parent Group at School 39 is a great example of how our work helps improve communities. Miss Gray, her children, and her grandchildren all attended School 39, and now her great-grandchild is a student there. When her children were growing up, School 39 was still a real neighborhood school, and parents like Miss Gray were able to take an active part in what was going on there. There was a parent room where mothers used to get together, and parents were able to walk the halls and go into the classrooms." But by the time her grandchildren were going to school, there had been a shift in the school's attitude toward parent involvement. Miss Gray couldn't even come in the school without having to stop at the front desk and be escorted through the building. This is a school that she used to be a stakeholder in.

So when we were organizing the District Parent Coordinating Council and were focusing on empowering parents, we turned to Miss Gray and tapped into her ideas about what the school used to be like. Now, in every school in the district, we have a parent room and parent facilitator. And now Miss Gray is the Parent Facilitator and PTO President at School 39. She works with parents, teachers, and administrators to get other parents involved, and she's a wonderful inspiration.



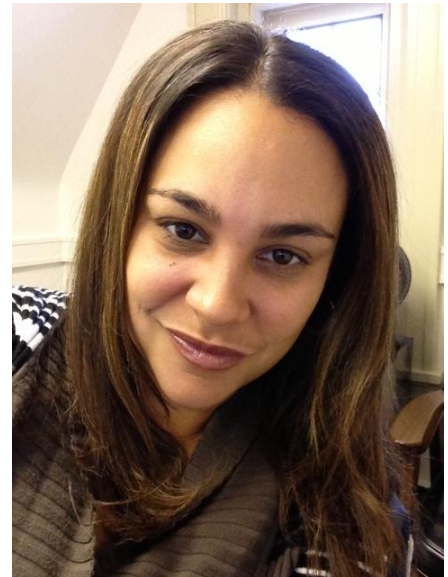
**Nadia Pizarro**  
**Enhanced Outreach Worker**  
**American Red Cross**

My community health work is mainly focused on health care and HIV. My day job is in the HIV services department at American Red Cross. I navigate high-risk women into HIV, STD, and pregnancy testing and help them get gynecological care. Part of what makes me a Community Health Worker is my city roots. I'm from the city of Buffalo. I've lived here all my life. I have intimate knowledge of the whole community, from professionals to homeless youth.

Identifying and training as a Community Health Worker has had a huge effect on my work, giving me a feeling of pride in my profession. The core competencies training, particularly, has helped me to get past the more 'siloe'd' way of thinking that I had, being from the HIV service world, and be able to forge collaborations with people working on different social determinants of health. I'm the type of person that knows a little bit about everyone, and what services are available, who has what talents, so I can bring people together to be able to do things that we can't do alone.

The Community Health Worker Network itself *is* Asset-Based Community Development, bringing all these people together from diverse areas and combining their talents to build something bigger for our community. Recently, I forged a collaboration with the AIDS Network of WNY and the WNY Coalition for the Homeless. We're writing a position paper on the link between HIV and Homelessness, because housing is a huge factor for our clients.

I still remember my first experience as a Community Health Worker. I came to the house of this client who was from Puerto Rico, she didn't speak any English, and she had a premature baby. She didn't have a home of her own so she was staying with some people on their couch. She had *nothing* for her baby. The baby was actually sleeping in a box with a blanket, because that's all she had for a crib. We pulled all of our resources, contacted people, and showed up to that house the next day with two carloads of everything you could possibly need. Crib, basinet, stroller, clothes, diapers, everything. The look in her face was the most inspiring thing, and I'll never forget it. On my way there, I thought the look would be one of gratitude, but it actually turned out to be a look of 'Oh my gosh, I think I might actually be able to do this. I think I may actually be able to take care of this premie child, in a place that I don't know, not knowing the language, because I have the tools that I need to be able to be a good mother to my child.' .



**Grace Tate**  
**Vice President**  
**Community Initiatives and Human Resources**  
**Buffalo Urban League**

My community health work at the Buffalo Urban League addresses many different social determinants of health. People come to the Urban League for services that impact the well-being of their families. We do education, training and development, employment, housing, and family empowerment programs. We've done some extensive work with diabetes education, prevention and awareness, as well as heart disease prevention and awareness. We promote community wellness through a focus on prevention, including fitness, healthy eating and access to affordable healthcare.



My training as a Community Health Worker has helped me to expand our reach at the Urban League in terms of how we deliver services. At our trainings we provide information to people which helps them be more responsible about their behaviors regarding health. They learn to take responsibility for their families relative to how they eat and how they perceive themselves. It comes down to empowering people to influence their own well-being – whether it's through a voter registration drive, or by pairing youth volunteers with seniors. The seniors don't just receive services; they have assets, like knowledge and wisdom, which they pass on to the youth.

Sometimes, one person's empowerment can have a powerful influence on others in the community. For example, we ran a diabetes education program that showed very positive results for over 100 women in the urban area who actually completed the program. We showed significant weight loss, plus an improvement in knowledge and understanding of diabetes and how to prevent it, and how to take more responsibility for their health. One individual in particular was extremely ill and didn't realize that her blood pressure was out of control. Through our program, we worked with her on diet and exercise, and how to move forward with her life in a more positive way. She was able to control it; to turn it around. There were several women around her who saw what she was doing and improved their health by assisting and supporting each other. Their shared experience directly influenced these individuals in a positive way.

**Rahwa Ghirmatzion**  
**Executive Director**  
**Ujima Company, Inc.**

Part of what makes me a Community Health Worker is that I've grown up in this community. I've always worked with different folks from the community, both youth and adults, and I understand the political and social environment. I've been with Ujima Theatre for 12 years. In addition to my work there, I do organ and tissue donation education for UNYTS, and I'm a board member for Partnership for the Public Good (PPG).

Being a Community Health Worker means really getting people to see community health more holistically, instead of looking at just a certain aspect of health. That's a framework that just seems to naturally fit my personality. Often, when people say 'health,' they mean treating diseases. But when I think of health, I think of mind, body, and soul.

At Ujima Theatre Company we use theater as a tool to talk about some very tough topics, like homelessness, rape, civil rights, and racism. When we did a play about homelessness, we worked with the Homeless Alliance of WNY. When we did a play called *The Exonerated* about people on death row who had been wrongfully convicted, we worked with Prisoners Are People Too to shine a light on those issues. We've also done two plays about HIV and AIDS, *Before It Hits Home* and *T-Cells and Sympathy*. We worked on a program with the MOCHA Center that visited schools throughout Niagara and Erie Counties, using local people who were infected or affected by AIDS. Hearing real stories from real people is so much different than reading about it or seeing it on the news; it makes it real. We talked with a lot of young people in high school that actually had HIV that came forward, and were able to talk to MOCHA and other representatives.

We did a project on immigration issues called Unheard Voices: Giving Voice Project with funding from the Community Health Network of Buffalo. I myself am an immigrant to this county, though I've been here since I was a child. The influx of immigrants to Buffalo's lower west side is having a huge impact. They're bringing all sorts of vibrant cultural traditions, but unfortunately not a lot of services are available to them. Our project highlighted both the great assets they bring and the different needs certain populations and individuals may have.

One person that really stuck with me was a refugee who had to leave Iraq because her life was in danger. She had worked as a human resources director for 20 years and earned a good income. When America invaded her country, she became a translator for the US Army, and at some point they brought her here. When she came here she had nothing. She didn't like Buffalo; it was very cold; she didn't have any relationships or other support. Then we did the project with her, and she said, 'You know, I didn't think I was going to stay in Buffalo, it just was not who I was. But because of this project, now I feel like I'm a *part* of this community, and I'm going to stay here.'



## **Appendix I**

### **Examples of CHW Success in Improving Health Care and Cutting Costs**

#### **Improving Health Care**

- A CHW project in New York City enrolled nearly 30,000 previously uninsured people in five years.<sup>23</sup>
- Kentucky Homeplace employs 39 CHWS to visit families in 58 mostly rural counties. The workers evaluate family health care needs, deliver health education, and help participants gain access to free or discounted medical and prescription drug services. In 2007, Homeplace workers provided more than 403,000 services to nearly 13,000 clients.<sup>24</sup>
- A randomized controlled trial of a CHW project to increase insurance among Latino children in Boston found that children in the CHW group were significantly more likely to be insured and to be insured continuously.<sup>25</sup>
- CHW programs have shown significant improvements in the use of prevention services such as mammography and cervical cancer screenings among low-income and immigrant women.<sup>26</sup>
- CHWs have been proven to have positive effects on chronic disease management and treatment adherence, including significant impacts on healthy food choices and increased physical activity among patients with diabetes.<sup>27</sup>
- The state of Massachusetts released a major study in 2010, finding that CHWS increased access to primary care through culturally competent outreach, and that they improved the quality and cost-effectiveness of care by assisting patients with self-management of chronic illnesses, medication adherence, and navigation of the health care system.<sup>28</sup>

#### **Cutting Costs**

- A community-based asthma program yielded an 83.3% reduction in emergency room visits and a 97.6% reduction in per capita expenditures.<sup>29</sup>
- A CHW project with underserved men in Denver to shift care from expensive inpatient and urgent care to less costly primary care services resulted in a return on investment of \$2.28 for every \$1 spent on the CHW intervention, yielding a total savings of \$95,941 per year.
- A Baltimore CHW project with diabetes patients greatly reduced emergency room visits and hospitalizations (38 percent and 30 percent, respectively), causing a 27 percent reduction in Medicaid costs, equivalent to savings of \$80,000 to \$90,000 per year for each Community Health Worker.<sup>30</sup>

- 
- <sup>1</sup> Partners in Health, 2012, [www.pih.org](http://www.pih.org).
- <sup>2</sup> Definition by the Community Health Worker Section of the American Public Health Association, 2010.
- <sup>3</sup> E. Lee Rosenthal et al. "Community Health Workers: Part of the Solution." *Health Affairs* 29:7 (July 2010), 1338-1442.
- <sup>4</sup> Rosenthal et al., *The Final Report of the National Community Health Advisor Study: Weaving the Future* (Tucson: University of Arizona, 1998).
- <sup>5</sup> World Health Report, WHO, 2000.
- <sup>6</sup> Adapted from: McGinnis JM, Williams-Russo P, Knickman. *The Case for More Active Policy Attention to Health Promotion*. *JR Health Affairs* (Millwood) 2002;21(2):78-93.
- <sup>7</sup> Kretzmann, J., & McKnight, J. (1993). *Building Communities from the Inside Out*. Evanston, IL: Northwestern University.
- <sup>8</sup> James Madison University, "Interim Report on the Status, Impact and Utilization of Community Health Workers", *Report to the Governor and General Assembly of Virginia*, 2006. Goodwin K., Tobler S. "Community Health Workers: Expanding the Scope of the Health Care Delivery System", National Conference of State Legislatures, April 2008. Lewin, S., Dick, J., Pond, P., et al. "Lay Community Health Workers in Primary and Community Health Care," *Cochrane Database of Systematic Reviews* 1, (2005): CD004015. Swider, S. "Outcome Effectiveness of Community Health Workers: An Integrative Literature Review," *Public Health Nursing*, 19 (1) (2002):11-20. Ross M., Patrick K., "Leaders Among Us: Developing a Community Health Worker Program in Washington, D.C.", Brookings Institution, 2006.
- <sup>9</sup> Sergio Matos et al, "Paving a Path to Advance Community Health Worker Workforce in New York State." New York State Community Health Worker Initiative (October 2011).
- <sup>10</sup> Jacqueline Martinez and James Knickman, "Community Health Workers: a Critical Link in Improving Health Outcomes and Promoting Cost-Effective Care in the Era of Health Reform." NYS Health Foundation (October 2010).
- <sup>11</sup> Using 2000 and 2010 data, of the 362 metro areas measured, Buffalo-Cheektowaga-Tonawanda was the 7th most segregated metro area in the U.S. *Segregation of the Population: Dissimilarity with Non-Hispanic Whites by Race/Ethnicity*, DIVERSITYDATA.ORG, <http://diversitydata.sph.harvard.edu/Data/Rankings/Show.aspx?ind=163&tf=38&sortby=Value&sortChs=6&sort=TopAndBottom&notes=True&rt=MetroArea&rgn>ShowAll#definition> (last visited Mar. 17, 2012).
- <sup>12</sup> *Share of Population Living in High Poverty Neighborhoods by Race/Ethnicity*, DIVERSITYDATA.ORG (2000 Census Data), <http://diversitydata.sph.harvard.edu>
- <sup>13</sup> US Census Data, 2010
- <sup>14</sup> DataPlace, Data Profile for Buffalo, NY. Electronically retrieved from <http://www.dataplace.org/place> on February 23, 2011. (Type Buffalo, NY in search box.)
- <sup>15</sup> US Census Data, 2009
- <sup>16</sup> Erie County Community Health Assessment, 2010-2013
- <sup>17</sup> Erie County Community Health Assessment, 2010-2013
- <sup>18</sup> Erie County Community Health Assessment, 2010-2013
- <sup>19</sup> [www.asthmawny.org](http://www.asthmawny.org)
- <sup>20</sup> US Census Data, 2008
- <sup>21</sup> Data from Buffalo Public Schools, Department of Multilingual Education, Tamara Alsace, Ph.D., Director
- <sup>22</sup> US Census Data, 2010
- <sup>23</sup> Perez, M., et al. "The Impact of Community Health Worker Training and Programs in New York City," *J Health Care Poor Underserved* 17 (2006), cited in Jacqueline Martinez and James Knickman, "Community Health Workers: a Critical Link in Improving Health Outcomes and Promoting Cost-Effective Care in the Era of Health Reform." NYS Health Foundation (October 2010).
- <sup>24</sup> Kristine Goodwin and Laura Tobler, "Community Health Workers: Expanding the Scope of the Health Care Delivery System." National Conference of State Legislatures (April 2008).
- <sup>25</sup> American Public Health Association, "Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities," November 10, 2009.
- <sup>26</sup> Id.
- <sup>27</sup> Id.
- <sup>28</sup> E. Lee Rosenthal et al. "Community Health Workers: Part of the Solution." *Health Affairs* 29:7 (July 2010), 1338-1442.
- <sup>29</sup> Bekham et al. "A Community-Based Asthma Management Program." *Hawaii Medical Journal* 63, no 4 (April 2004), cited in Deborah Zahn et al, *The New York State Community Health Worker Initiative*.
- <sup>30</sup> Kristine Goodwin and Laura Tobler, "Community Health Workers: Expanding the Scope of the Health Care Delivery System." National Conference of State Legislatures (April 2008).

---

*About the Authors*

Jessica Bauer Walker is the executive director of the Community Health Worker Network of Buffalo.

Sam Magavern co-directs the Partnership for the Public Good and teaches at the SUNY Buffalo Law School and Cornell University ILR School.

Jacqueline MacKellar is an intern at the Partnership for the Public Good and a Masters in Social Work candidate at SUNY Buffalo.

The authors gratefully acknowledge the assistance of Megan Connelly, Korianne Sulzbach, and Kathleen Grimm, M.D., in preparing this policy brief



[www.ppgbuffalo.org](http://www.ppgbuffalo.org)

237 Main St., Suite 1200, Buffalo NY 14203

---

*Funding for this policy brief provided by:*

