2026 Community Health Worker Profile 1:

WORKFORCE CHARACTERISTICS

Community Health Workers (CHWs) are frontline health workers with a close and trusted relationship with the communities they serve.

They work in healthcare and community services and under a variety of job titles including, health educator, patient navigator, outreach worker and care coordinator. In Montana, the Community Health Representative (CHR) program, a founding CHW program through Indian Health Services has been around since 1968.

Most CHWs report lived experience with the state and social service systems their clients rely on, providing valuable insight and credibility in helping clients navigate those systems. This shared lived experience can help build trust with the client and model recovery and hope.

Shared Health Experience Offers a Path to Hope and Recovery:

50%
share a behavioral health condition

33%
share a chronic physical health condition

20%
share a disabling health condition

Lived Experience Shapes Stronger CHW Perspectives:

61%
have experience using state programs like Medicaid, WIC, TANF, SNAP, and CFSD

32%
have a history of homelessness or housing insecurity

14%
have been incarcerated

CHWs live and work across urban, rural and tribal Montana.

CHWs understand the unique barriers that rural and tribal Montanan's have in accessing care.

70%
have lived in Montana for more than 20 years

44%
have shared cultural norms, traditions and knowledge

6%
speak a language other than English that is used in their community.

CHWs have deep roots in their community, another factor which can help build trust and rapport with clients.

The majority of CHWs surveyed live and work in rural Montana.

54% of CHWs spend most of their time serving rural Montana;

44% work in primarily urban Montana and

16% work mainly in reservations.

Some CHWs work statewide and across reservation and county lines.

CHWs are a critical workforce in Montana's healthcare system

CHWs surveyed work across critical organizations that improve community health in Montana. These organizations include:

- **Community Health Center/Federally Qualified Health Centers (FQHC), 16%**
- **Local Public Health, 14%**
- **Community-Based Organization, 14%**
- **Urban Indian Organization, 10%**
- **Tribal Health, 6%**
- **Rural Health Clinic, 4%**
- **Hospital, 4%**

The rest of the CHWs surveyed work at a diverse range of organizations including Indian Health Services, public schools, behavioral health clinics, Center for Independent Living, oral health services, government services and other community-based nonprofits.
A small number of CHWs reported that they were unemployed.

CHWs address critical health concerns across Montana

CHWs were asked to select the top three health conditions they address in their work. **Behavioral health, substance use and functional support drive much of CHW work, demonstrating their critical role in addressing the behavioral health crisis and our aging population.**

- ✔ **Behavioral Health Conditions (72.5%)**
- ✔ **Substance Use/Addictions (50%)**
- ✔ **Activities of Daily Living (40%)**
- ✔ Aging and Disabilities (23%)
- ✔ Physical Activity and Nutrition (20%)
- ✔ Maternal and Child Health (16%)
- ✔ Adolescent Health (15%)
- ✔ High Blood Pressure/Hypertension (12.5%)
- ✔ Environmental Health (11%)

MONTANA COMMUNITY HEALTH WORKER ASSOCIATION

AHEC MONTANA AREA HEALTH EDUCATION CENTER

UNIVERSITY OF MONTANA CENTER FOR CHILDREN, FAMILIES AND WORKFORCE DEVELOPMENT