TOOLKIT

Recommendations and Resources for Public Health Departments Contracting with Community Based Organizations (CBOs) and Community Health Worker Networks

NACHW

NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS

Recommendations and Resources for Public Health Departments Contracting with Community Based Organizations (CBOs) and Community Health Worker Networks

This toolkit was developed as a resource to support Public Health Departments to equitably build relationships and contract with community-based organizations and Community Health Worker Networks.

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Introduction

The Value of Community Health Workers (CHWs) During the COVID-19 Pandemic

During the COVID-19 pandemic, there was greater research and understanding of the lack of trust many people, particularly marginalized communities, have for public health. This mistrust can be partially traced back to historical inequities and injustices faced by community of colors by the public health and medical system like the Tuskegee syphilis study and other discriminatory practices. This lack of trust has made many people consider new ways of connecting with vulnerable community members.

CHWs are frontline public health professionals who engender community trust and relationships to support education, access, navigation and quality of clinical, behavioral health and social needs services. The U.S. Department of Homeland Security identified CHWs as essential critical infrastructure workers and recommended that they be hired and paid to respond to the pandemic. Weeks later, the Rockefeller Foundation National COVID-19 Testing Action Plan advocated for "a large number of community health workers" to scale testing to millions of people per week.

Despite these calls for the CHW workforce to actively participate in COVID-19 response efforts, CHWs across the country began to share with NACHW that they were being laid off and furloughed, told to stay home, or to discontinue in-person home visits and community level services. While there had been a few reports of state efforts to collaborate with and employ CHWs at that time, their communication skills and community connections were under-recognized.

Note: If you are interested in learning more about CHWs and their roles, competencies, policies, and roles in racial health equity, see Appendix A and B.

The Value of Community Based Organizations (CBOs) and CHW Networks

The majority of Community Health Workers (CHWs) are based within or collaborate with Community-Based Organizations (CBOs). These organizations, operating at the grassroots level, serve specific communities or geographic areas. Embedded within their communities, CBOs hold trusted positions and are structured to address the distinct needs of community members. They are often established by individuals who share common backgrounds, such as identity, geography, race/ethnicity, lived experience, or culture. Additionally, CBOs align with shared interests, goals, and concerns, which may include providing affirming LGBTQ+ care, addressing HIV/AIDS, or ensuring access to food. Typically, CBOs are led by community members and tackle various issues based on the priorities and needs of the communities they serve.

Partnerships with CBOs can be a way for health departments to address heath equity and unmet social needs of marginalized populations given the increasing emphasis within public health on improving social conditions, social care, and social determinants of health.

CHW Network Organizations (including Associations and Coalitions) are defined by NACHW as organizations led by or co-led by Community Health Workers (includes Promotoras, CHRs (Community Health Representatives), and other titles/identities within our profession) whose mission and activities focus on CHW membership, networking, policy, advocacy, and workforce development. Most CHW Networks are run by CHWs themselves and are experts in cultural competency, community trust, and outreach. There are dozens of CHW Networks across the country that are working to advance the CHW workforce in each state. To contact your CHW Network, please visit the NACHW website.

Note: To learn more about the CHW infrastructure in your state refer to the National Academy of State and Health Policy Map, that describes the reimbursement, certification, and the CHW Network of each state. See Appendix C for more resources and information.

Why Partner with CHWs, CBOs, and CHW Networks?

Public Health Departments can leverage these trusted relationships by partnering and contracting with CBOs or CHW Networks to contribute to their CHW programs, by providing training, and supervising CHWs. In addition, they may provide advice on program design and development and professional development for CHWs. This creates a symbiotic relationship where Public Health Departments benefit from CBOs ability to build authentic relationships with community through community trust, cultural competency, and expertise in program design and implementation, and CBOs gain greater financial sustainability and access to critical resources that Public Health Departments can provide.

It is important to partner with organizations that truly work with and represent the community. By authentically partnering with and contracting with CBOs, Public Health Departments can help address systemic inequities and promote equitable funding policies and practices. Learn more here: Addressing Systemic Inequities and Racism in Community-Based Organization Funding.

Additional Resources for Public Health Departments to Hire and Contract CHWs

Many PHIG recipients reported challenges with hiring and retaining CHWs due to difficulties finding the right candidates and competition in the job market. This document does not give recommendations for directly hiring CHWs, however, if you are looking for resources for *directly hiring CHWs*, please refer to the playbook Advancing CHW

[Engagement in COVID-19 Response Strategies A Playbook for Local Health Department Strategies in the United States from the Community Based Workforce Alliance (CBWA).](#)

This document *does not serve* as a template for contracting or defines the contracting process. Contracting basics such as terminology, different contracting options, and other FAQs (Frequently Asked Questions) please review [Basic Contracting Dos and Don'ts from Aging and Disability Business Institute.](#)

Recommendations for Equitable Contracts with CBOs and CHW Networks

Creating a Robust Scope of Work

The following are some recommendations to support equitable contracts with CBOs and CHW Networks:

- **CHWs should address social determinants of health (SDOH) as part of contract deliverables.** Much of the funding that CBOs obtain is around specific health outcomes or specific disease or virus prevention (ex. diabetes, COVID-19, maternal health, etc.), however, an important part of health equity and public health prevention is addressing SDOH. Addressing SDOH for community members is a core function of a CHW's roles, however, many CBOs end up doing this work without sustainable funding due to the way that grants and contracts are structured. Including addressing SDOH in your contract and partnership, helps build trust with the community and gives a fuller picture of the impact of your partnership.
  - **Additional resources:**
    - [The Return on Investment (ROI) Calculator](#) from Health Begins
    - [Grantee Publication: Addressing social determinants of health through community health workers: A call to action](#) from Connecticut Health Foundation
    - [CHWs and the Social Determinants of Health - MHP Salud](#)

- **Hire authentic CHWs.** If directly hiring CHWs or working with a CBO to hire CHWs, be mindful to remove barriers that might prevent authentic CHWs from being hired. [Authentic CHWs](#) come from the community they serve and often experience the same barriers as their communities. These may include barriers to employment, such as lack of reliable transportation, being justice-involved or previously incarcerated, or [lacking higher formal education](#). We encourage you to work with local CBOs on a job description and criteria that recognizes the [core competencies and qualities of CHW](#) and remove criteria that are not necessary for the position.
  - **Additional resources:**

- ▪ [Six Pillars of CHWs](): Gives additional language and context for who authentic CHWs are.
  - ▪ [NACHW's 2021 National Survey: Data for Action](): Gives insight to who the profession is nationally, including demographics, barriers, and what CHWs need to succeed in their careers.

- ▪ **CHWs should work to their full scope of work.** Sometimes when organizations do not fully understand the unique role of CHWs, they are assigned to data collection or handing out basic information. When contracting with CBOs to conduct outreach with their CHWs, allow them to give feedback and expand their CHWs' roles to encompass the full range of services included in the [Community Health Worker core competencies and roles.]()
  - o **Additional resources:**
    - ▪ [CHW Core Consensus Project]() offers a [single set of CHW roles and competencies]() for reference by those both inside and outside the field as they work to build greater support for and sustainability among CHWs in all settings.
    - ▪ [Community Health Workers: Their Important Role in Public Health]() infographic from NIHCM (National Institute for Health Care Management)

- ▪ **Fund and Partner with CHW Networks as advisors, trainers, and advocacy partners.** There are over 80 CHW Networks (Association and Coalitions) across the country, working to organize CHWs at the local, state, and regional levels. These organizations are experts in the workforce at their geographic level. Many CHW Networks employ CHWs to provide direct services to communities. It's important to note that CHW Networks can also be a valuable partner to advise and advocate for state-level policy, train CHWs, and help collect robust data on the CHW workforce.
  - o **Additional resources:**
    - ▪ To connect with a CHW Network in your area, [visit NACHW's Network and Associations Webpage.]()
    - ▪ [NACHW CHW Document Resource Center](): This is the nation's largest searchable collection of documents on policies around CHWs (on the state level). This database contains hundreds of documents on state policy to dive deeper into CHW infrastructure in states.
    - ▪ NASHP [State Community Health Worker Policies]() Map shows the CHW Networks in states across the country and tracks different CHW policy developed around financing and certification.

- ▪ **Data collection and evaluation in the contract.** Partner with CBOs to create a data collection and evaluation process that involves and gives ownership of the outcomes to the community.

- o **Additional resources:**
  - ▪ [CHW Center for Research and Evaluation](#), creators of the [Common Indicators](#) have a guidebook which includes indicators and questions to measure the wellbeing of CHWs and communities. These indicators were developed by CHWs for CHWs and can serve as a great starting point to co-develop evaluation measures with CBOs.

Funding Organizations Equitably for their Work

- ▪ **Evaluate whether eligibility and scoring criteria and other application requirements encourage or discourage CBOs from bidding.** Some eligibility requirements may make it difficult for CBOs to apply or contract with a health department. If you are sharing opportunities with your community, be open to having conversations about possible barriers and be open-minded to how these could be changed. Much of this can be accomplished through internal advocacy, changing policies within your own team of public health department.

- ▪ **Provide technical assistance for CBOs on meeting state and federal funding expectations.** Some CBOs may not be familiar with certain compliance standards or data collection that comes with government funding. Creating spaces to provide trainings, answer questions, or creating spaces to bring multiple grantees together can help alleviate that knowledge gap that CBOs may have and proactively address issues that might arise later in the partnership.

- ▪ **Invest in CBOs and CHW Networks sustainably**. Short-term investments, while better than nothing, can make it difficult for CBOs to sustain their work and relationships with communities. [Investing in partnerships with CBOs long-term can help build a more resilient public health program](#) and help strengthen public health departments relationships and trust with the community.
  - o **Additional resources**:
    - ▪ [Blog: Addressing Systemic Inequities and Racism in Community-Based Organization Funding,](#) this blog gives background on some of the common barriers to accessing sustainable funding for CBOs.
    - ▪ [Program Sustainability Assessment Tool, this tool](#) contains dozens of resources from various organizations around creating a sustainability plan for organizations.

- ▪ **Build upfront funding into the contracts whenever possible.** Many CBOs are funded primarily by short-term funding that they only receive after work is complete. This means that organizations often need to put their own money upfront to complete work. Building some upfront funding into contracts allows CBOs to help sustain their programming and funding. This may need to be accomplished through

internal advocacy in your public health department, changing some internal policies to allow CBOs to participate.

- o **Additional resources:**
  - ▪ [Webinar: How CBOs & Healthcare Organizations Can Create Mutually Beneficial Partnerships for Equity.](#) This webinar gives some examples on how healthcare organizations have established equity focused partnerships with CBOs, many of these recommendations can be applied to public health department partnerships with CBOs.

- ▪ **Ensure CHWs receive a thriving wage.** CHWs are a [mostly female and low-income workforce of persons from historically under-resourced communities](#). NACHW's 2021 National CHW Data reveals that [28% of CHWs](#) do not believe that the compensation they earn provides an equitable and living wage. In addition, [41% of CHW respondents](#) reported they do not receive additional pay for overtime work. To best serve communities, CHWs deserve and need a thriving wage, full time availability with benefits, time-off, and payment for overtime work.
  - o **Additional resources:**
    - ▪ [The MIT Living Wage Calculator](#) is a great resource to help determine a baseline for what a living wage is in your state or locality.
    - ▪ [Evidence for Increasing Community Health Worker Wages](#) from Massachusetts CHW Association (MACHW).

- ▪ **Build contracts based on a value-based payment whenever possible and not hours worked.** One of the most important reasons to partner and contract with CBOs is their close and trusted relationship with the community. This unique ability to reach and serve community members adds additional value to the direct service work that CBOs provide. This is why NACHW recommends understanding and offering value-based payment, which takes into consideration the number of community members served, but also the quality, reduced cost, and greater equity that comes from working with a CBO.
  - o **Additional resources:**
    - ▪ [Value-Based Care: What It Is, and Why It's Needed](#), this article describes value-based care in the medical field, but many of the same principles can be applied to community based direct services.
    - ▪ [How to Add, Pay Community-Based Organizations in Value-based Care Contracts](#): value-based care promotes investing in addressing upstream issues and social determinants of health as critical cost saving mechanisms as well as important mechanisms for driving patient engagement and trust. Read the article to learn more!

- ▪ **Include funding for technology, transportation, supervision, materials and supplies.** Partner with the CBO to create a budget that includes funding for the

many different line items that it can take to accomplish direct service work. Many contracts include funding for staff, but neglect to include funding for overhead, technology, supervision, materials, and supplies. Also include time for CHW's professional development, which is essential for building networks, gaining knowledge and skills in continuing education, and staying within the profession.

- **Include an in-direct rate for CBOs whenever possible.** Many grants and contracts for CBOs do not include an indirect or overhead rate. This can be a barrier for CBOs in attaining financial sustainability, because they cannot build cushion funding to pay for staff to serve in executive leadership, grant writing, etc. Note: Some states may have a cap on the indirect rate that can be charged which is low. The State Health Department may honor an indirect cost agreement with a federal agency for a higher rate.

How to Deepen Community Relationships and Work Together More Effectively

It is important to continue and deepen relationships with community and community-based organizations even if there isn't a current program or funding. This can help build trust in your public health department, as well as support pandemic readiness by having the relationships to quickly mobilize a community network in times of crisis. Below please find some toolkits to help with building relationships:

- **When funding is not available, continue to deepen the partnership with CBOs,** invite CBOs to community events you may host, officially recognize the partnership, and collaborate on future funding applications.
    - **Additional resources:**
        - [Community Toolbox: 1. Creating and Maintaining Coalitions and Partnerships.](#)
        - [Making Community Partnerships Work a Toolkit](#) from March of Dimes
        - [The Value of Community Partnerships](#) from National Health Worksite at the CDC (Centers for Disease Control and Prevention).
        - [How Community Organizations and Health Departments Can Partner to Advance Health Justice](#) from Bill of Health.
        - [Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioners](#) Guide from the CDC.

Appendix A:

Understanding CHWs' Roles, Policies and Data on the Workforce

It is important to have a robust understanding of CHWs roles, policies, and strengths when looking to contract build out community partnerships. This section reviews some national resources and policies that CHWs themselves have developed to communicate about their workforce.

APHA (American Public Health Association) Definition of CHWs

NACHW endorses and recommends the following APHA definition for CHWs:

A community health worker is a frontline public health worker who is a 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 competence of service delivery.

CHW Policies of the American Public Health Association (APHA) Endorsed by NACHW

- 2001 policy in support of CHWs' contributions to meeting the nation's healthcare needs.
- 2009 policy with definition in support for CHWs' ability to increase access and reduce inequities.
- 2014 policy in support of CHW self-determination and leadership.

The Six Pillars of Community Health Workers

Over many decades, CHWs, CHRs, Promotoras and other members of our community-based, frontline workforce have advocated and organized to articulate the CHW identity. Yet CHWs' identities, origins and capacities are still not well understood in the U.S. – resulting in strategies, policies and programs that often do not respect, protect, or authentically partner with us.

NACHW, in partnership with CHWs, CHW Networks and allies across the country have developed the Six Pillars of Community Health Workers – to communicate clearly and succinctly who we are, where we are, what we do, and our capacity and needs for sustainability.

NACHW CHW National Policy Platform

It is with great excitement that we share with you all the NACHW National Policy Platform. This document is a valuable tool to promote national professional identity, leadership, and capacity of CHWs and our Associations.

This document was created over the past year of town hall calls with over 30 CHW Associations, 3 national CHW polls, numerous partner meetings, member input on the Biden administration's national plan to Build Back Better and in consultation with many of you. It centers on many policies and best practices already nationally endorsed within our field and can be applied to COVID-19 response efforts and long-term policy development.

Available in English or Spanish.

NACHW 2021 National Survey: Data for Action

As part of the Johnson & Johnson Our Race to Health Equity initiative to eradicate racial and social injustice, NACHW launched a national survey in 2021 with 867 CHWs respondents represented across each CHW title, region, sector, race/ethnicity identities, and values.

This data covers over 10 different themes that are available in a series of infographics: Diversity of CHW Respondents, Career Gateways, Requirements, Pathways, and Barriers, Pay Equity, Perception of CHWs in Care Teams, Work Environment, Professional Roles and Titles, Self-care and Support, Roles in Networks, Addressing Racial Equity, and Self-Determination, Values, and Leadership.

To learn more about the data and hear each topic described by the CHWs who created this survey, please visit the Data for Action Webinar series.

Community Health Worker Core Consensus (C3) Project

NACHW recognizes and affirms the purpose of the Community Health Worker Core Consensus (C3) Project — to gather information from CHWs in many distinct roles and settings across the U.S. about the wide range of activities they conduct and the skills and personal qualities they apply to those activities. C3 included significant CHW leadership and engaged diverse CHWs, CHW networks, and CHW allies across the country. NACHW believes the information presented by C3 can serve as a basis for ongoing dialogue with CHWs and CHW allies to advance a better understanding of the full potential of diverse CHWs to improve health and strengthen communities.

CHW Center for Research & Evaluation

The mission of the CHW Center for Research and Evaluation is to conduct and promote CHW-led research and evaluation that uses common indicators and participatory practices.

This build upon the work of the CHW Common Indicators (CI) Project that contributes to the integrity, sustainability, and viability of CHW programs through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice. The CI Project uses popular (people's) education to promote participation, balance power and center CHW leadership. Over the past 5 years, the project has built a national constituency of over 150 CHWs, CHW program staff, and CHW researchers and evaluators committed to project objectives. Through a series of stakeholder engagement activities, project partners have identified a list of 24 constructs and developed indicators for 10 of the constructs. Currently, project partners are beginning to pilot the indicators, while continuing to strengthen their CHW-led and community-based project methodology, and building the infrastructure to allow them to aggregate, analyze and report data from across regions.

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Appendix B:

Understanding CHWs' Role in Racial Equity and Violence Prevention

The history of CHWs goes back hundreds of years in the US. They have been here since the very beginning, in the form of tribal healers, and today are known by many different titles — community health representatives, Promotoras, aunties, peers, outreach workers, and many others. As a reflection of the country they call home, they are diverse in ethnicity, language, and culture — the majority of CHWs are female people of color. These health workers have lived experience and cultural alignment, and deal with similar issues and suffer from many of the same chronic conditions as their ancestors, which makes them uniquely qualified to tackle community-based health problems.

CDC has declared racism a public health threat and Community Health Workers are at the forefront of addressing social determinants of health, racial inequities, and advancing racial health equity through policy, research, care coordination, outreach, education and more.

- Blog: Addressing Systemic Inequities and Racism in Community-Based Organization Funding – Vaccine Equity Cooperative
- NEW APHA Policy: Community Health Workers Advancing Equity & Violence Prevention

- Video: NACHW Recording – CHWs Advancing Racial Equity & Violence Prevention (APHA CHW Section Policy Proposal) 4/6/22
- Video: NACHW Recording – Webinar: National Day of Racial Healing
- Working Principles for Health Justice & Racial Equity Organizational Self-Assessment from the Praxis Project

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Appendix C:

Understanding CHW Networks

CHW Network Organizations (including Associations and Coalitions) are defined by NACHW as organizations led by or co-led by Community Health Workers (includes Promotoras, CHRs, and other titles/identities within our profession) whose mission and activities focus on CHW membership, networking, policy, advocacy, and workforce development.

Over 40 states have state level CHW Networks and there are dozens of CHW associations at a local level. CHW Networks vary widely, with some associations having over 1000 members with full time staff, with others being volunteer run with no annual budget.

In a 2021 National Survey conducted by NACHW, 35% of respondents reported their local CHW Network provides work-related training/certification, and 22% said their CHW Network participates in policy/advocacy. When asked what support should be given to networks, 37% said programs and/or services funding.

To learn more about CHW Networks, review the 2018 report or watch the webinar.

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Appendix D:

About NACHW

The National Association of Community Health Workers (NACHW) was founded in April 2019 after several years of planning and organizing by Community Health Workers (CHWs) and allies across the United States. NACHW is a 501(c)(3) nonprofit membership-driven

organization with a mission to unify CHWs across geography, ethnicity, sector, and experience to support communities to achieve health, equity, and social justice.

Community Health Worker is an umbrella term and includes community health representatives, promotores, peers and other workforce members who are frontline public health professionals that share life experience, trust, compassion, cultural and value alignment with the communities where they live and serve.

Our values – *self-determination and self-empowerment of our workforce; integrity of character; dignity and respect for every human being, social justice, and equity to ensure fair treatment, access, opportunity and outcomes for all individuals and communities* – guide our work. They are northern stars we will use to support our members, foster partnerships, advocate nationally, develop strategic objectives, and assess our impact.

NACHW is led by an Executive Director who is also a CHW and enjoys governance from a national Board of Directors of CHWs and allies with decades of research and practice expertise in CHW training and workforce development, community organizing and engagement, intervention design, equity and social justice advocacy, research, and policy leadership.