

# NACHW

NATIONAL ASSOCIATION OF  
COMMUNITY HEALTH WORKERS

## **NACHW Landscape analysis to support 2103 States**

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**OUR VISION:** Community Health Workers united nationally to support communities in achieving health, equity and social justice

## NACHW STRATEGIC OBJECTIVES

Unify and Mobilize the Profession



Preserve Workforce Integrity



Technical Assistance and Convening



National Best Practice Clearinghouse



Workforce Assessment, Research and Policy



## OUR APPROACHES:

- **amplify** the unique qualities, competencies, expertise and voice of authentic CHWs
- **ally with** multi sector partners, including public and private employers, payers, philanthropy, and CHW lead networks and associations through shared values of self-determination and self-actualization of the CHW profession and the dignity of all human beings
- **advance** best practice in workforce development, CHW integration and career pathways
- **advocate** for equitable financing and policies that respect, protect and authentically partner with CHWs and their Networks

## **OUR VALUES**

**They are our north stars!**

- **self-determination**
- **self-empowerment of our workforce**
- **integrity of character**
- **dignity and respect for every human being**
- **social justice**
- **equity to ensure fair treatment, access, opportunity and outcomes for all individuals and communities**



# CHW Roles in State, Local, Community-based COVID Initiatives



# COVID-19 and the Call for CHWs

On March 19, 2020, The Department of Homeland Security demonstrated the urgency to engage CHWs in a pandemic when it issued guidance to states, tribes and territories that **classified CHWs as essential critical infrastructure workers during COVID-19.**

Soon after, **global health leaders, health providers, legislators, policy makers and funders called for the rapid scale up and integration of Community Health Workers** to strengthen state and local public health response plans, and address the disparities and inequities in the social determinants of well-being impacted by the pandemic.

“I’ve had difficulty getting a response from the emergency response teams in my community. I’ve called, emailed the city, joined their Facebook groups, answered their questionnaires, etc. It is very frustrating.”

- CHW respondent to NACHW March 2020 Survey

HEALTH AFFAIRS BLOG

RELATED TOPICS:  
COVID-19 | PUBLIC HEALTH | PANDEMICS | ACCESS TO CARE | SYSTEMS OF CARE

## To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers

Denise O. Smith, Ashley Wennerstrom

MAY 6, 2020

10.1377/hblog20200504.336184



**CHWs Roles are Not Well Understood or Integrated in the Early Months of the Pandemic**



# April 2020 NACHW Partnerships to Amplify and Build CHW Capacity for Pandemic Response



ASTHOExperts

Community Health Workers (CHWs) and COVID-19:  
The Importance of Recruiting CHWs into State COVID-19 Responses

With Denise Octavia Smith, MBA, CHW, PN  
Executive Director, National Association of Community Health Workers



The role that CHWs play as first responders in the outbreak of COVID-19

Expert Panel

Betsy Rodriguez, BSN, MSN, DCES

Centers for Disease Control and Prevention

Colleen Barbaro, PhD

Centers for Disease Control and Prevention

Denise Octavia Smith, MBA, CHW, PN

National Association of Community Health Workers

Role of community health workers and COVID-19



# CHWs Were Aware of Critical Gaps in March 2020



## Culturally Appropriate Materials

Black and Latino Americans are at a much higher risk of contracting COVID-19. While the CDC remains a top source for information, only **43%** of CHWs polled said the CDC provided culturally appropriate materials.



## FINDING THE GAPS IN RESOURCES AND ACCESS TO CARE

## Mental Health Support

CHWs reported the need for mental health information, resources, and screenings for themselves, patients, and communities as a top concern.



## Access to Basic Needs

Grocery delivery, eating on a budget, preparing for shortages, applying for assistance, and transportation remain a challenge for CHWs' clients and most communities.

# NACHW REPORTS ON CHWS PERSONAL AND PROFESSIONAL EXPERIENCES DURING COVID-19



## FROM CRISIS TO OPPORTUNITY: Resources and Guidance that CHWs Want from Employers During the Pandemic

Over three weeks in June 2020, NACHW collected responses from Community Health Workers (CHWs) on their needs and how employers can best support CHWs to protect themselves, provide services safely and adapt services to the changing environment. NACHW wanted to hear directly from these frontline public health workers about:

- The areas of work where CHWs would like more guidance
- The resources CHWs want employers to have access to or to develop to support their work
- What are the critical attributes that should be included in these resources

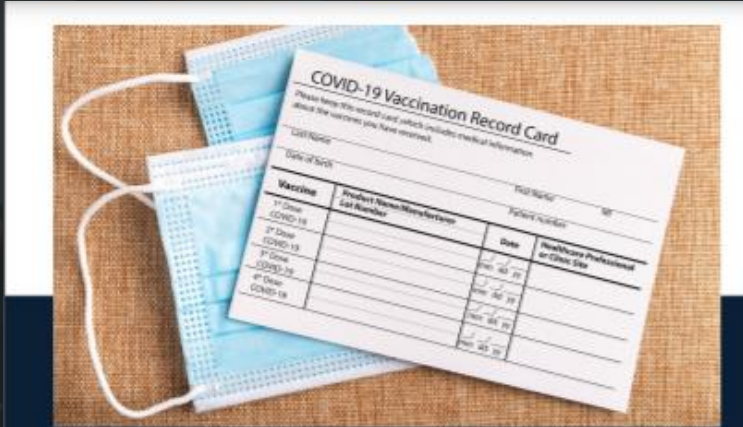
There were 70 respondents as of June 30, 2020, when the window to provide feedback closed. Almost half of respondents were NACHW members. Data was available for NACHW members to understand the roles and expertise of survey respondents. 82% of the NACHW members who completed the survey were CHWs, and NACHW member respondents represented 19 states.



### Recommendations for CHW Employers

- 1 Health and Safety: Ensure adherence to OSHA guidelines and develop and implement other health and safety policies and practices to ensure CHW and community safety.
- 2 Recognize and respond to infrastructure and support needs of CHWs.
- 3 Partner with CHW employees to identify best practices for CHW practice during COVID-19 and adapt existing practices to respond to changing needs.
- 4 Provide training for CHWs in best practices for meeting client and community needs during the COVID-19 pandemic.

Special thanks to the Centers for Disease Control and Prevention CHW Workgroup and FH360 for their contributions to survey development and analysis.



## Community Champions and COVID-19 Vaccination: Concerns, Challenges and Contributions of Community Health Workers, Contact Tracers and Community Based Organizations during the First 60 Days of the COVID-19 Vaccine.

September 2021

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The National Association of Community Health Workers (NACHW) unites the voices of Community Health Workers to support communities in achieving health equity and social justice.



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

*J Ambulatory Care Manage*  
Vol. 43, No. 4, pp. 268-277  
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## Insights on COVID-19 From Community Health Worker State Leaders

**Susan Mayfield-Johnson, PhD, MCHES;**  
**Denise O. Smith, MBA, CHW, PN; Sara A. Crosby, MPH;**  
**Catherine G. Haywood, BSW; Joelisa Castillo, CHW;**  
**Dolontria Bryant-Williams, MBA, CHW;**  
**Kim Jay, BA, CHW; Milagrosa Seguinot, AS, CCHW;**  
**Treva Smith, CHW; Nicole Moore, CHW;**  
**Ashley Wennerstrom, PhD, MPH**

**Abstract:** Community health workers (CHWs) leverage their trusting relationships with under-resourced populations to promote health equity and social justice in their communities. Little is known about CHWs roles in addressing COVID-19 or how the pandemic may have affected CHWs' ability to interact with and support communities experiencing disparities. A focus group with CHW leaders from 7 states revealed 8 major themes: CHW identity, CHW resiliency, self-care, unintended positives outcomes of COVID-19, technology, resources, stressors, and consequences of COVID-19. Understanding the pandemic's impact on CHWs has implications for workforce development, training, and health policies. **Key words:** *community health, community health worker, COVID-19, health equity, resiliency, workforce development*



# COVID-19 RESPONSE

Strengthening public health emergency response with Community Health Workers



"Testing millions of people per week will require hiring a large number of Community Health Workers."

*The Rockefeller Foundation, 2020*

## 3 Ways to Amplify the Work of CHWs



Classify CHWs as "essential, critical infrastructure workers" and pay them to respond to COVID-19.



Mobilize funding to scale CHW networks and association capacity for contact tracing and care coordination training and services.



Recognize CHWs as leaders in COVID-19 community recovery & health system transformation efforts.



# NACHW

NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

Community Health Workers (CHWs) united nationally to support communities in achieving health equity & social justice.  
[www.nachw.org](http://www.nachw.org)

# May 2020 NACHW Co-founded the Community Based Workforce Alliance so that response and recovery efforts will be embedded in and in partnership with Community-Based Orgs and CHWs.

## COMMUNITY BASED WORKFORCE ALLIANCE



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# CHW Advocated for their Self-Determined Roles in COVID Response

## COVID-19 RESPONSE

Strengthening public health emergency response with Community Health Workers.

### PARTNER WITH CHWs



#### CHWs Communicate Trust

Reach most vulnerable populations through trusted community relationships.

Provide essential, culturally tailored information and education on health care and social services.

Use insights to develop effective engagement strategies.

Coordinate care in complex systems and deliver care through phone, telehealth, social media, and online platforms.



#### CHWs Enhance Public Health and Safety Net Capacity

Facilitate access to shelters, food pantries, call centers, coverage and preventive services.

Conduct COVID-19 contact tracing.

Provide social supports for Medicaid and Medicare members.

Monitor symptoms and help cope with social isolation.

Provide vital self-management support for patients with chronic conditions.



#### Protecting CHWs

Ensure appropriate supplies of personal protective equipment (gloves, masks, etc.).

Protect CHWs with underlying conditions.

Encourage self-care and provide stress-related resource and supportive services.

Provide a living wage and access to Care Act, health care coverage and other benefits.

Provide workflow protocols and training.

Provide appropriate supervision with realistic case loads and work schedules.

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

## C3 Project Findings: Roles & Competencies

The C3 Project recommendations include a total of ten roles and eleven skills, as listed below. New skills are indicated with an asterisk. You can download a complete checklist, including sub-roles and sub-skills, here or on the [resources page](#).

We note that roles and skills are not intended to match each other; multiple skills may support several roles.

The C3 Project team did not re-evaluate CHW qualities. Instead, the Project team asked for affirmation and endorsement of existing knowledge about CHW qualities, with "connection to the community served" being the most critical quality. A word cloud of endorsed qualities is found at the bottom of this page.

### Core CHW Roles

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

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# CHWs Maintain Clinical, Public and Behavioral Health Interventions and Services



## Community Health Workers: Evidence of Their Effectiveness

Community health workers (CHWs) are critical to improving individual and community health through their ability to build trust and relationships and deepen communication between patients and providers. CHWs have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social and behavioral determinants of health.

As states advance efforts to expand financing for and use of this workforce, it will be critical to make an evidence-based business case for policymakers and providers. Existing studies on CHWs focus on assessing their effectiveness in improving health outcomes, reducing healthcare costs, and bridging the gap in health disparities. The number of research articles on the impact of CHW-led interventions and programs has escalated dramatically over the past fifty years, and the scientific rigor of study designs has improved notably.

Figure 1. Number of studies on community health workers.



Source: Medline Search

This section below serves as a summary of research studies demonstrating the effectiveness of CHWs across multiple settings and health issues. This wide array of research allows CHW champions to demonstrate what research already exists or to select evidence that is most resonant with their audience.

### SYSTEMATIC REVIEWS ON CHW INTERVENTIONS

- Effects of CHW Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations**  
Interventions by CHWs appear more effective when compared with alternatives and are cost-effective for certain health conditions, particularly among underserved communities.
- CHW Interventions to Improve Glycemic Control in People with Diabetes: Findings from 13 Randomized Controlled Trials (RCTs)**  
CHW interventions showed a modest reduction in hemoglobin compared to usual care.
- Mental Health Interventions with CHWs: Findings From Nine Studies in the United States**  
CHW-supported interventions show promise, particularly given evidence of feasibility and acceptability with underserved populations.

### RANDOMIZED CONTROL TRIALS (RCTs):

- Patient-Centered CHW Intervention to Improve Posthospital Outcomes (RCT Study) Through the Development of Individualized Action Plans for Recovery and Tailored Support**  
Increased likelihood of obtaining primary care, increased mental health improvements, and reduced likelihood of multiple 30-day readmissions from 40% to 15.2%.
- CHW Support for Disadvantaged (High-Poverty and Publicly Insured Patients) with Multiple Chronic Diseases (RCT Study)**  
Improvements in mental health, increased support for disease self-management (63% compared to 38% control group), lower hospitalization (16% compared to 17.8% after six months, 23% compared to 32% after one year.)

# CHWs Innovate to Build CHW Capacity and Address Gaps

## A Vision of Change, Inc. Cleveland's Own CHW Self-Care Committee



- Cleveland's Own CHW Self-Care Committee was formed to support fellow CHWs in this special time of need.
- Our committee is providing strategies and tips to help manage good self-care.
- Self-care is any activity that we do intentionally in order to take care of our mental, spiritual, emotional, and physical health.
- We are providing a source of information for CHWs to develop a good relationship with oneself and others.

## Education Session for Community Health Workers on Novel Coronavirus 2019 (COVID-19) April 24, 2020



- Community Health Workers (CHWs)
  - Continuing Education (1 hr)
  - Learning Objectives
  - Areas for CHW/Promotores Action
- COVID-19
  - Background
  - Prevention
  - Public Health Efforts
  - Current Situation
- Dispelling Myths
- Trusted Resources
- Registered: **452 unique emails**
- Attended: 295 + 29 (phone) = **324**
- Completed post-webinar form and received education certificate: **174** (59% of zoom attendees)
- **24%** of total attendees are CHW certified
- **45%** of total CHWs are CHW certified

[Watch it online here](#)



### Healthcare Providers



### Telehealth Community Navigators



### Patient Navigator



### Clinical Trial Navigator



### The Expanding Roles of Community Health Worker/Promotores



Venus Ginés, MA 281-489-1111  
[www.diadelamujerlatina.org](http://www.diadelamujerlatina.org)  
 president@diadelamujerlatina.org

### Behavioral Health Community Navigator



### Disaster Recovery



### Personal-care



### School-based



*Essentially Empowered Inc.*

Virtual Support Groups for youth that have experienced or witnessed trauma

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# CHWs Address Historic Mistrust in Vaccine Acceptance and Co-develop an Equitable Vaccine Infrastructure

## FOUR WAYS CHWS CAN ADDRESS EQUITY AND SUPPORT VACCINE DISTRIBUTION

01

CHW Associations can recruit, hire, train and supervise CHWs in vaccine communication and distribution campaigns.

02

CHWs can help develop materials and strategies that appropriately respond to community health beliefs, misinformation and cultural concerns.

03

CHWs can remove technology, literacy, language, enrollment and transportation barriers to ensure access to vaccines and health care coverage.

04

CHWs can administer screenings for food, housing, financial needs and mental health services and help navigate to these services.

## Why Black and Indigenous Americans are skeptical of a vaccine

Their fears are anchored in the past.

By Anagha Brilliant | Oct. 14, 2023



*'I Won't Be Used as a Guinea Pig for White People'*

Mistrust of vaccines runs deep in African-American communities. Against formidable odds, Father Paul Abernathy and his teams are trying to convince residents of Pittsburgh's historic Black neighborhoods to volunteer for trials testing a Covid-19 shot.



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# CHWs Respond to Stigma and Community Violence

## Stop AAPI Hate Reporting Center



We encourage all who have witnessed or experienced micro-aggressions, bullying, harassment, hate speech, or violence to help us document. The more information we have, the better we can respond and prevent further incidents from occurring.

## COMMUNITY HEALTH WORKERS AND COVID19

THREE WAYS TO SUPPORT ASIAN AMERICAN AND PACIFIC ISLANDER COMMUNITIES

### BACKGROUND

Asian Americans and Pacific Islanders (AAPI) represent nearly 5.6% of the US Population and are expected to grow to 10% by 2050, faster than any other racial or ethnic group. Far from being a monolith, these communities have diverse cultures, languages and lived experience, and trace their origins to at least 19 countries in East and Southeast Asia. The "myth of the model minority" promotes a belief that AAPI's have few problems with health and with racism when in fact they share significant disparities in both areas.

The National Association of Community Health Workers offers three ways that Community Health Workers can inform and advocate for AAPI communities to improve their health and well-being during the pandemic and beyond.

**01 Language Access:** Title VI of the Civil Rights Act requires interpreter services for all patients with limited English proficiency who are receiving federal financial assistance, however in most states these services are an unfunded mandate.

**What CHWs Can Do:** Inform AAPI communities with Limited English Proficiency of their rights and connect them to high quality resources. Learn more about the Cultural and Linguistic Access Service Standards.

Visit <https://nachw.org/covid-19-resources/> for more COVID19 resources for CHWs



At Khmer Health Advocates a CHW provides telemedicine services

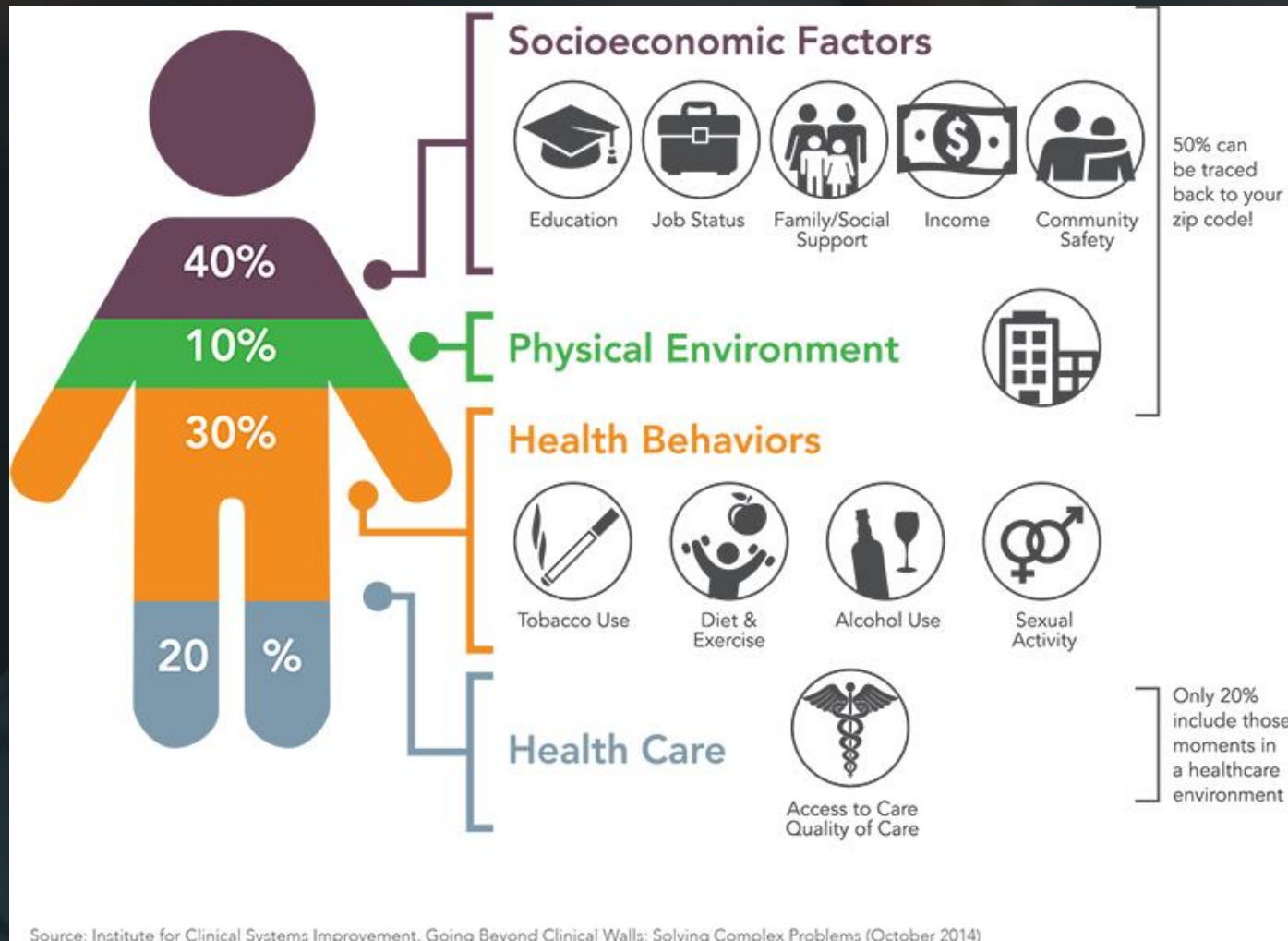
**02 Data Disaggregation:** Data collection analysis and reporting are needed to understand the impact of COVID-19 and ensure that Asian American, Native Hawaiian and Pacific Islander communities are visible and heard.

**What CHWs Can Do:** Data collection is one of the critical roles of the CHW profession and can improve services and outcomes. CHWs can advocate with employers and in communities for data collection that reflects the diverse communities we serve.

**03 Racial Discrimination:** AAPIs are more likely to report negative experiences because of their race or ethnicity since the coronavirus outbreak, including being subject to slurs or jokes, and fearing someone might threaten or physically attack them.

**What CHWs Can Do:** Use and share local and national Stop AAPI Hate Reporting Center website with AAPI communities and service providers (available in English and 11 other languages).

# CHWs Bridge Siloed Determinants of Health and Wellbeing



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



# Overview of American Rescue Plan Funding and White House Policies and Plans that Promote CHW Integration

## Purpose:

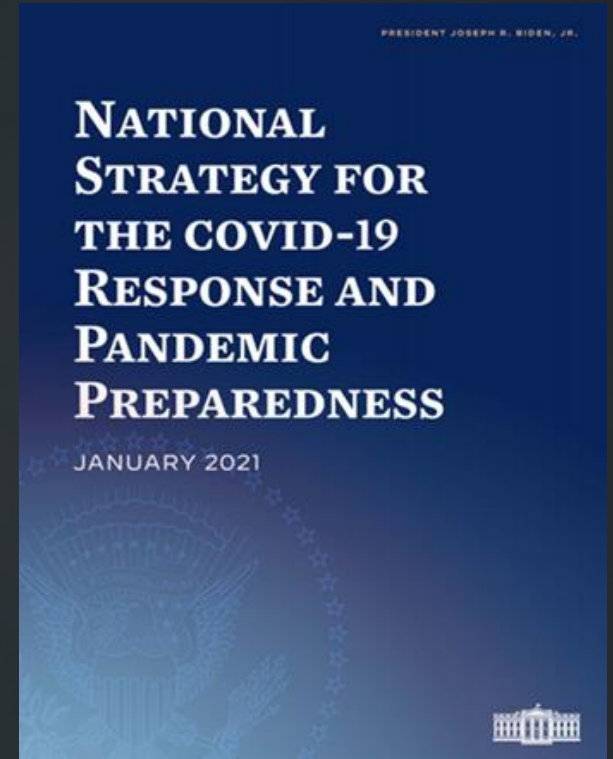
“The National Strategy provides a roadmap to guide America out of the worst public health crisis in a century. It outlines an actionable plan across the federal government to address the COVID-19 pandemic” United States. White House Office

## Components involving CHWs :

- Equity is mentioned 59 times in this strategy
- Provide support for CHWs as recognized trusted messengers
- Partner with tribal nations and other key entities to ensure effective and equitable vaccination program
  - 200 tribal nations are federally unrecognized and did not receive any support

## NACHW National Member Feedback

- CHWs expressed support for the plan’s focus on investing in CHWs and sustainability. However, allies and CHWs also raised concerns and questions about sustainability and funding.
- Concerns related to infrastructure, sustainability, scope of funding and pay equity, and funding distribution.
- A well-compensated and livable wage including benefits and sick pay are needed to ensure that CHWs are valued materially and that the work is sustainable





## Purpose:

"The American Rescue Plan will change the course of the pandemic and deliver immediate relief for American workers. The plan will build a bridge to an equitable economic recovery and immediately reduce child poverty." United States. White House Office

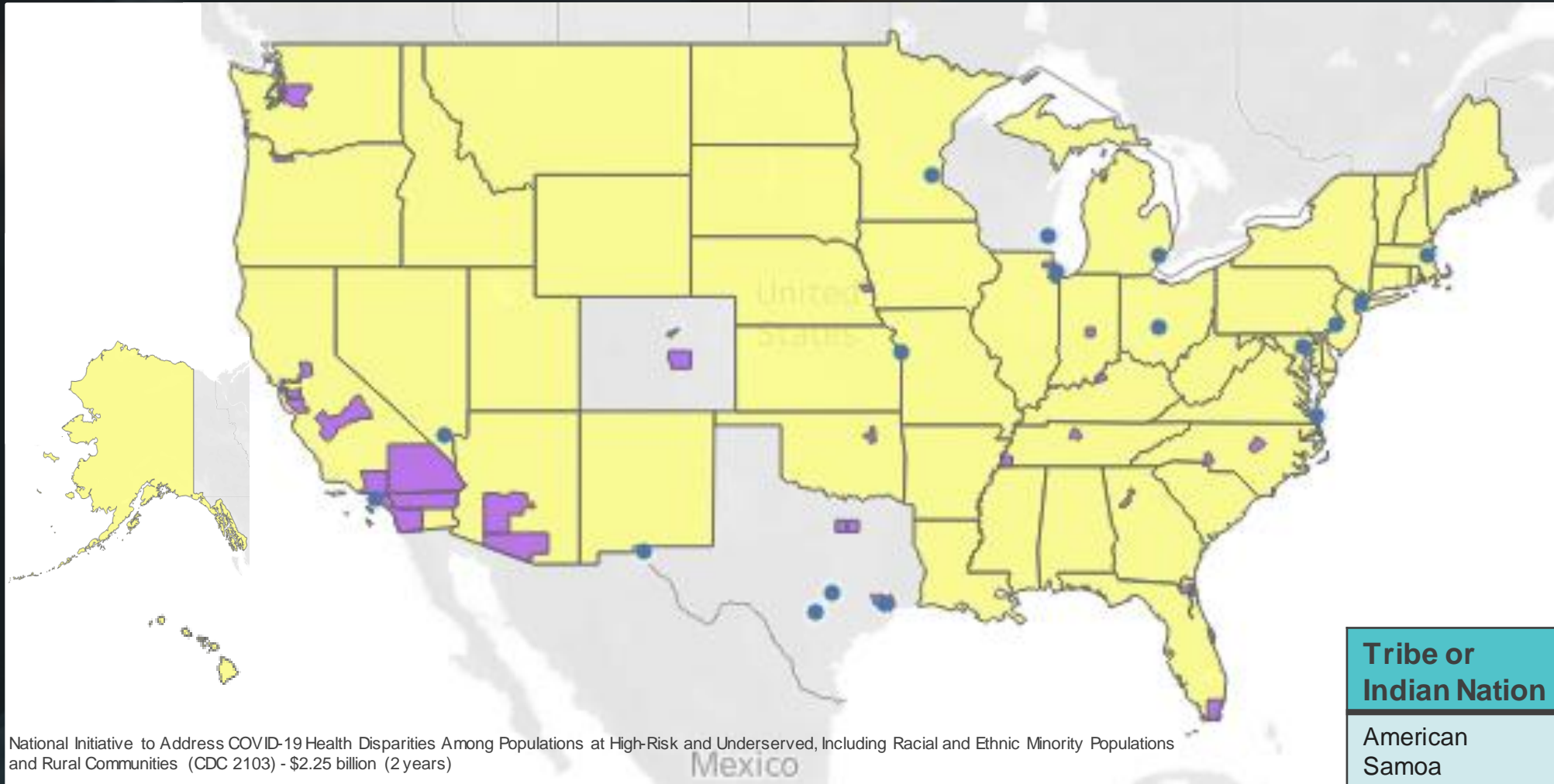
## Components involving CHWs:

- Mount a national vaccination program, contain covid-19, and safely reopen schools
- Increase the value of SNAP benefits
- Lower or eliminate health insurance premiums
- Keep state, local, territorial, and tribal frontline government workers on the job and paid

## NACHW National Member Feedback

- CHW networks and CBOs lack funding to support vaccination efforts
- Few CHWs involved in SNAP benefit programs
- Few CHWs involved in healthcare.gov and Medicaid eligibility services
- Tribal nations Covid-19 payment and resources significantly delayed

# ARPA funded CDC Public Health Workforce Initiatives



US Territory  
or Freely  
Associated  
States

Federated  
States of  
Micronesia

Guam

Commonwealth  
Northern  
Mariana islands

Puerto Rico

Republic of  
Marshall Islands

Virgin Islands

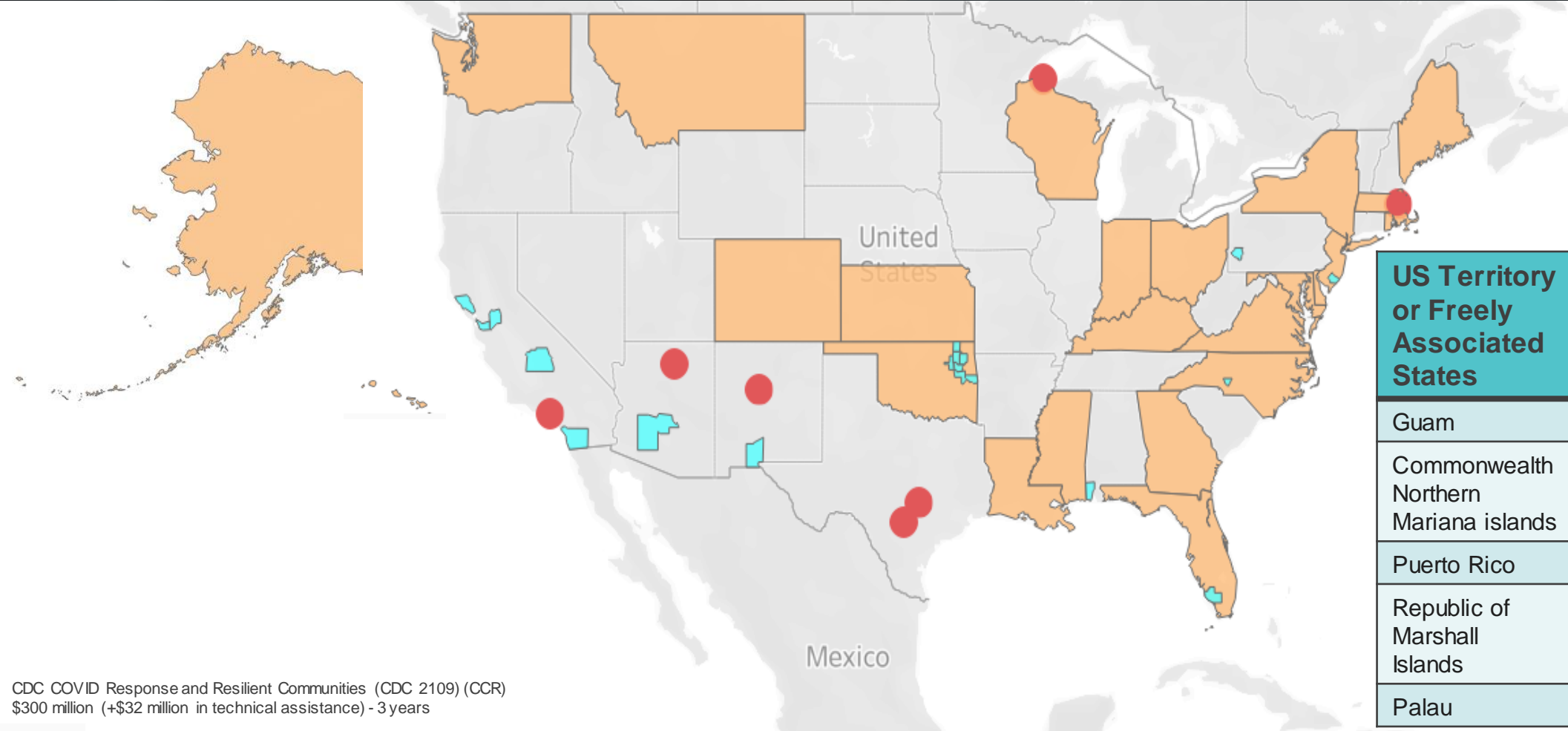
Palau

Tribe or  
Indian Nation

American  
Samoa

- 48 State health departments, 31 counties
- 17 organizations within cities
- 1 federally recognized tribal nation funded out of 574

# ARPA funded CDC CHWS for COVID Response



CDC COVID Response and Resilient Communities (CDC 2109) (CCR)  
 \$300 million (+\$32 million in technical assistance) - 3 years

### US Territory or Freely Associated States

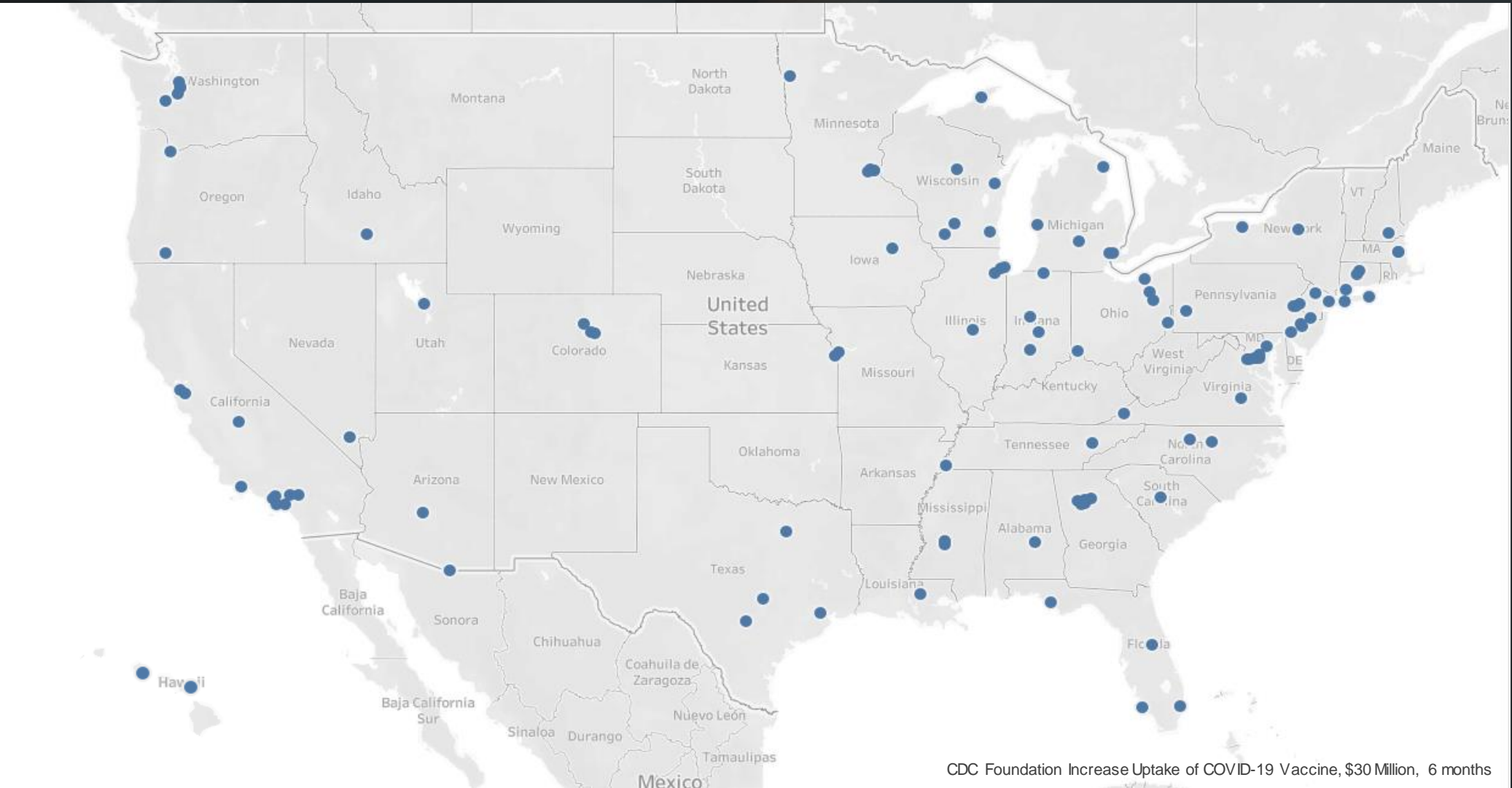
- Guam
- Commonwealth Northern Mariana islands
- Puerto Rico
- Republic of Marshall Islands
- Palau

### Tribe or Indian Nation

- Arizona Health Care Cost Containment System
- Tuba City
- Tule River Indian Health Center
- United American Indian Involvement
- Albuquerque Area Indian Health Board
- Cherokee Nation
- Cheyenne & Arapaho Tribes
- Red Cliff Band of Lake Superior Chippewa

- 2 State health departments, 31 counties
- 43 organizations were funded to serve in their counties
- 7 organizations were funded to support their city
- 8 federally recognized tribal nation funded out of 574

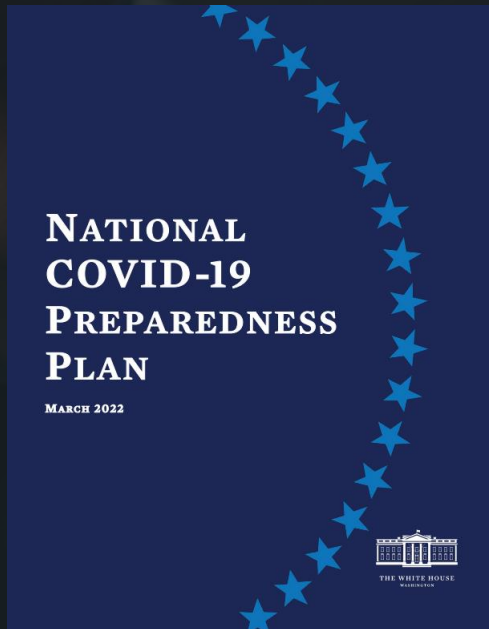
# CDC Foundation & Partners Support to Increase Uptake of COVID-19 Vaccines



CDC Foundation Increase Uptake of COVID-19 Vaccine, \$30 Million, 6 months

CBO serving statewide
California
Iowa
Maryland
Michigan * 2
South Carolina
Wisconsin

- 150 organizations were funded to support their communities within cities/towns



## Purpose:

“The path forward in the fight against COVID-19 is clear: we must maintain and continually enhance the tools we have to protect against and treat COVID-19”

## Components involving CHWs:

- Vaccinate America’s youngest children
- Enroll community members in clinical trials for new vaccines against future variants
- Continue vaccine and education efforts to combat misinformation
- Ensure education about and access to COVID-19 treatments
- Create awareness of a nationwide to test-and-treat initiative
- Help Americans with long-term impacts of COVID-19 (long covid)
- Ensure equitable access to COVID-19 healthcare and public health resources

\*\*Congress did not pass funding for this plan

## NACHW National Member Feedback

- Primarily volunteer-based or AmeriCorps programs with low wages
- Funding and positions is temporary and can be stopped with future administrations
- CHW roles cannot be band aids for systemic and historical racism and concern that these systems that do not work will continue to be funded
- Concern about role confusion among CHWs, AmeriCorps, paraprofessionals, caregivers (professional identity)

BRIEFING ROOM

## FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union

MARCH 01, 2022 • STATEMENTS AND RELEASES

### NACHW National Member Feedback

- CHWs are not paraprofessionals
- Training expertise and capacity is not being leveraged at the community level
- CHWs do not receive equitable access to mental wellbeing supports
- Many CHWs services cannot be easily adapted to telehealth
- Reimbursement for CHW telehealth services is not well established
- Leverage existing CHW services at schools, colleges, and universities

### Purpose:

“The President is announcing a national mental health strategy to strengthen system capacity, connect more Americans to care, and create a continuum of support – transforming our health and social services infrastructure to address mental health holistically and equitably.”

### Components involving CHWs:

- Pilot new approaches to train a diverse group of paraprofessionals
- Promote the mental wellbeing of our frontline workforce
- Expand the availability of evidence-based of community health mental health services
- Expand access to tele-and-virtual mental health and support in schools, colleges, and universities

# COVID-19 Health Equity Task Force

Priority 1	Empower and Invest in Community-Led Solutions to Address Health Equity
Priority 2	Enforce a Data Ecosystem that Promotes Equity-Driven Decision-Making
Priority 3	Increase Accountability for Health Equity Outcomes
Priority 4	Invest in a Representative Health Care Workforce and Increase Equitable Access to Quality Health for All
Priority 5	Lead and Coordinate Implementation of the COVID-19 Health Equity Task Force Recommendations from a permanent health equity infrastructure in the White House

## NACHW National Member Feedback

- Advocate for federal government implementation of the [recommendations of the National Indian Health Board \(NIHB\)](#)
- Strengthen the capacity of states to collect data on race and ethnicity for COVID-19 around cases, deaths, hospitalizations, and vaccination rates in order to properly understand and strengthen COVID-19 response

## Purpose:

provide specific recommendations to the President of the United States for mitigating inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future

## Components involving CHWs:

- CBOs are mentioned twice
- CHWs are not mentioned at all
- Increase accountability for health equity outcomes
- Invest in a representative health care workforce and increase equitable access to quality health for all

# Barriers CHW Integration, Respect and Sustainability Two Years into the Pandemic

HEALTH AFFAIRS BLOG

RELATED TOPICS:  
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## To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers

Denise O. Smith, Ashley Wennerstrom

MAY 6, 2020 10.1377/hblog20200504.336184



NOVEMBER 15, 2021 BY VACCINEEQUITY

## Blog: Addressing Systemic Inequities and Racism in Community-Based Organization Funding

It has never been more critical to document and amplify lessons learned from our nation's pandemic response in order to shift how we perceive, value and fund CBOs and CBWs.

health

Audio TV Channels CNN+

## NIH needed help reaching communities of color about Covid-19, but grassroots groups say they were not paid properly

By Elizabeth Cohen and Lauren Mascarenhas, CNN

Updated 12:57 PM ET, Sun March 6, 2022



## PANDEMIC FUNDING IS RUNNING OUT FOR COMMUNITY HEALTH WORKERS

ANALYSIS | BY KAISER HEALTH NEWS | MARCH 31, 2022

## COVID-19 front lines need community health workers, yet they're not getting needed support

*Amid the pandemic, I spent the past year gathering insights about the mental and emotional challenges for those saving lives against the coronavirus.*

Denise Octavia Smith Opinion contributor  
Published 6:01 a.m. ET May 4, 2021

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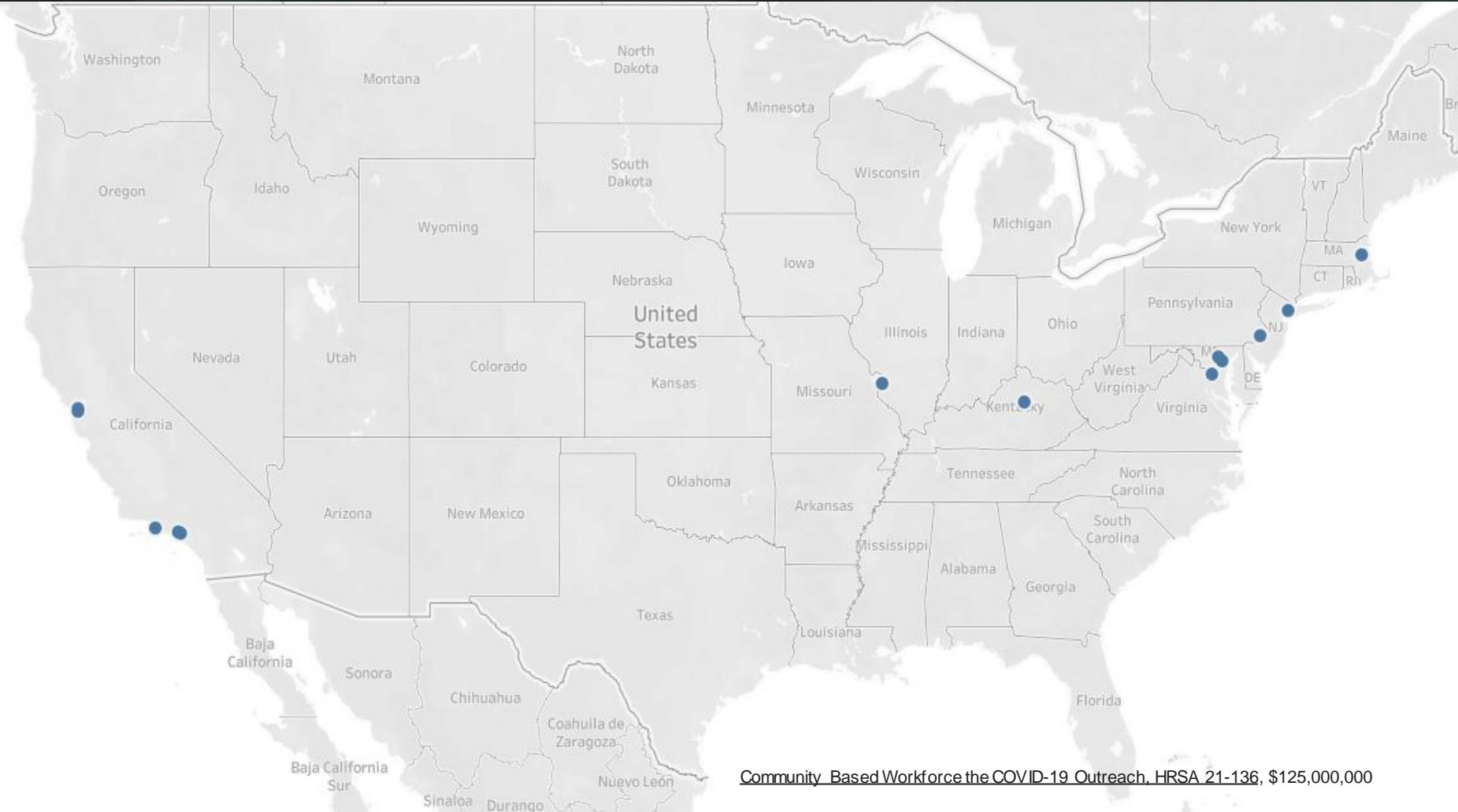
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What additional federal funding is currently out in the field that could be blended to support CHWs?



**Overview of HRSA Funding  
Creating Opportunities for Partnership, CHW Workforce  
Advancement, and Equity**

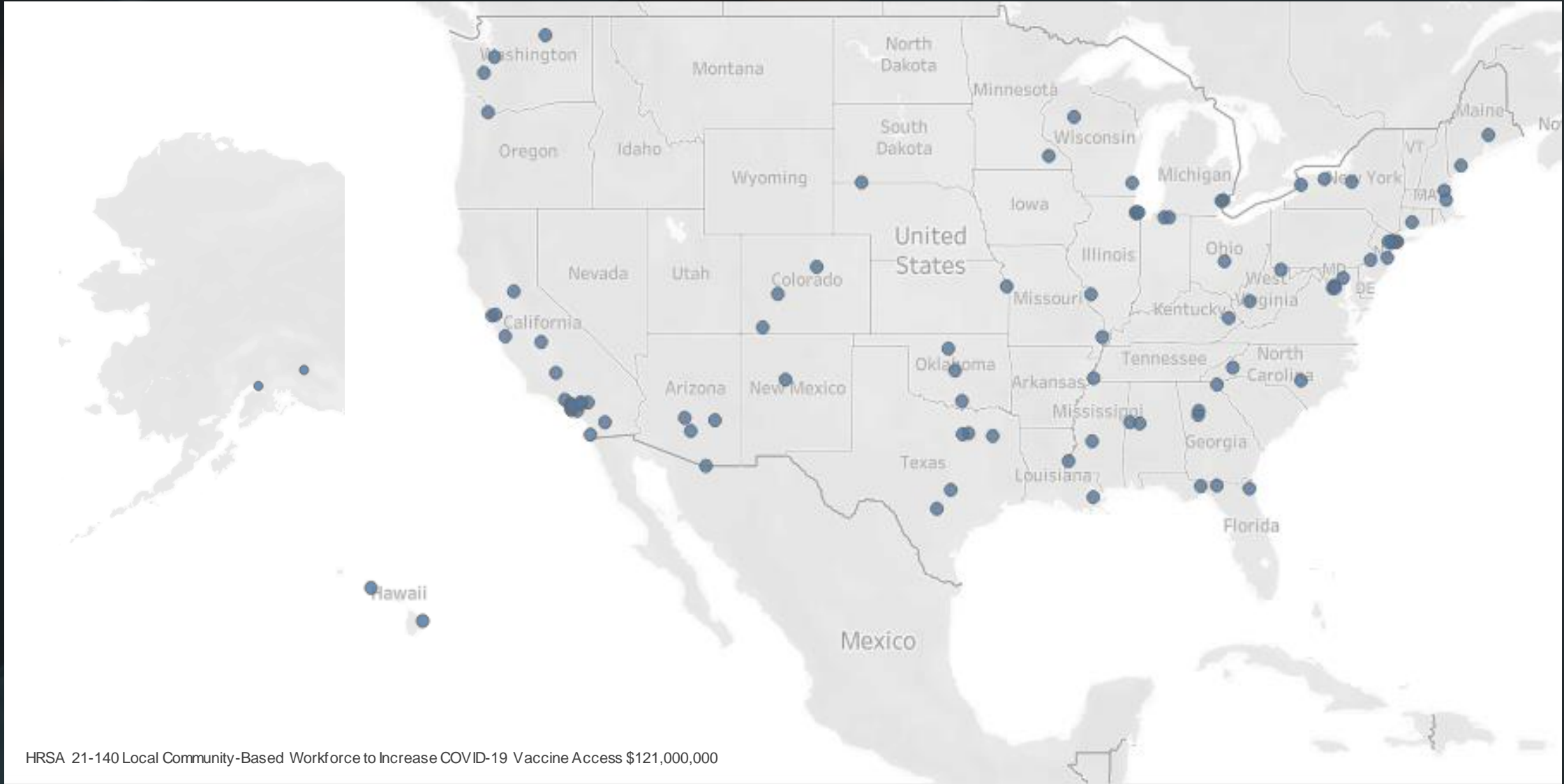
# HRSA funded Community-Based Workforce, COVID-19 Vaccine



CBO in state	Number of states served
Oxnard, CA	21
Commerce, CA	1
Berkeley, CA	16
Los Angeles	1
Stoneville, MS	1
Owings Mills, MD	12
Boston, MA	1
Oakland, CA	27 + Guam & Freely Associated States
St. Louis, MO	1
Philadelphia, PA	1
Washington DC	22
New York, NY	14
Lexington, KY	2
Baltimore, MD	4

- 14 organizations received funding to support the reach in all 50 states

# ARPA funded HRSA to fund hiring CBO workforce



# ARPA funded HRSA to fund hiring CBO workforce

1. Assess assets, opportunities and gaps in community engagement, messaging, community trust, language access
2. Share data to improve strategies and target activities
3. Contract with CBOs to sustain and expand their work, provide training, recruitment, planning support, evaluation, advisement
4. If funding is not available, hire CHWS who were working in CBOs and who have now lost their positions

HRSA 21-140 Local Community-Based Workforce to Increase COVID-19 Vaccine Access \$121,000,000

# Takeaways

1. There is a lack of understanding of who CHWs are including their leadership capacity and needs as a profession
2. CHW networks and CBOs are experiencing systemic inequities in accessing funding
3. Money going directly to CBOs is often short-term funding (6 mn/1yr)
4. If they are funded, these organizations face structural and capacity barriers
5. Pandemic funding is running out – but can be leveraged for important partnerships, infrastructure and capacity building now!
6. Growing wave of mental health, housing, Medicaid enrollment barriers as well as long COVID-19 to address – we are still in this pandemic!
7. There are many opportunities to address chronic disease, pursue health equity and authentically advance the CHW workforce during this time!



# Recommendations for States



NACHW

NATIONAL ASSOCIATION OF  
COMMUNITY HEALTH WORKERS

What are the overarching policies, principles, and activities that states can adopt right now?

# Commit to Racial and Health Equity in Your Work

Implement five key provisions of the White House's COVID-19 Health Equity Task Force recommendations to improve COVID-19 response:

- Invest in Community-based organization and assets/solutions to address health equity.
- Enforce a data ecosystem that promotes equity-driven decision making.
- Increase accountability for health equity outcomes.
- Invest in a representative health care workforce and increase equitable access to quality health care for all.
- Advocate for a permanent health equity infrastructure in the White House using the COVID-19 Health Equity Task Force's recommendations

Advocate for federal government implementation of the recommendations of the National Indian Health Board (NIHB) during COVID-19, including:

- fully funding Indian Health Services
- investing in infrastructure for tribal communities in terms of healthcare workforce, water and sanitation, mental health, technology, and
- respecting the self-determination, self-governance, and treaties of all tribal nations and tribes
  - **574 federally recognized tribes and at least 200 that are not recognized**
  - **and receive no support from the federal government**

# Adopt and Promote policies that respect, protect and authentically partner with CHWs and their Networks



LEADERS IN  
COMMUNITY  
HEALTH

The National Association of Community Health Workers Calls on Public and Private Institutions to Respect, Protect, and Partner with Community Health Workers to Ensure Equity During the Pandemic and Beyond

## Respect

- Explicit inclusion in legislation, regulation, funding, and models.
- 50% or more CHW participation in all workforce decision-making processes (APHA 2014)
- Classification as essential, critical infrastructure workers in all states, territories and tribal nations
- Permanent funding streams and visibility to provide unified voice
- Appreciate global history, values, self-determination, DEI commitment, unique culturally appropriate and trusting relationships where live and serve
- Accurate tracking of the workforce

## Protect

- Recruitment / hiring of authentic CHWs trusted in and with shared experiences with their communities
- Worker safety and protection (e.g. PPE)
- Living wage, paid sick time and hazard pay, health care coverage and transportation reimbursement
- Support for self-care and social support, access to resources, address gaps
- Culturally appropriate sustainability models that improve community integration, investment and capacity

## Partner

- Integration into design, development, implementation and monitoring
- Direct reimbursement for services as
- Representation in leadership and membership of assoc / coalitions
- Invest in employers that support fidelity of profession in scope and Common Indicators
- Prioritized inclusion and integration into funding; streamlined grants processes

Nation-wide CHW Document Research is One Click Away.



[nachw.org/chw\\_resources/](https://nachw.org/chw_resources/)



A Database for CHW Leaders, State and Local Government Practitioners, Employers and Payers.

The CHW Document Resource Center was developed in collaboration with National Association of Chronic Disease Directors (NACDD) and the Centers for Disease Control Division of Chronic Disease Prevention and Health Promotion.

# KEY CHW WORKFORCE POLICIES AND RESOURCES

- **APHA 2001** Urges all health and human services professionals to recognize the CHW contributions to US health and institute permanent funding streams and promote the visibility of CHWs to provide a unified voice in the field
- **APHA 2009** Urges state, federal and tribal governments and private insurers to provide direct reimbursement for CHW services as an integral part of the Medicare, Medicaid, SCHIP, and tribal health programs
- **APHA 2014** CHW self-determination and 50% or more CHW participation in workforce decision-making process
- **CHW Standard Occupational Classification (#21-1094)** We encourage CHWs and allies to support accurate tracking of the CHW workforce under the U.S. Department of Labor's (DOL) Bureau of Labor Statistics. Retain the CHW title and report it to the DOL.
- **CHW Core Consensus Project** should serve as a basis for CHW workforce dialogue and development curriculum, training, continuing education and states/employer policies.
- Adopt **CDC Guidance** on CHW policy development

# Community-Based Workforce Principles for Pandemic Response



## Recruit with a racial equity framework

Apply a racial equity lens to recruit contact tracers from highly impacted communities. Pay a living wage. Include residents, trusted workers & leaders in governance & advisory groups.



## Launch a community-based jobs program

Leverage existing and expected federal funds to engage unemployed or dislocated workers with living wage jobs that meet contact tracing & other community needs.



## Invest in trusted workers, including CHWs

Response & recovery will move at the speed of trust. Pay and expand the authority of trusted, trained community health workers & promotores (CHW/Ps) to support and join contact tracers.



## Embed job training & pipelines to local careers

Engage nonprofit workforce training partners to address basic skills gaps and create a pipeline to careers in local health departments, community-based organizations, and local businesses



## Strengthen connections with psychosocial services

Use social vulnerability data and proven tools to identify household psychosocial needs among isolated/quarantined contacts and to connect them to community nonprofit resources.



## Strengthen community infrastructure & financing

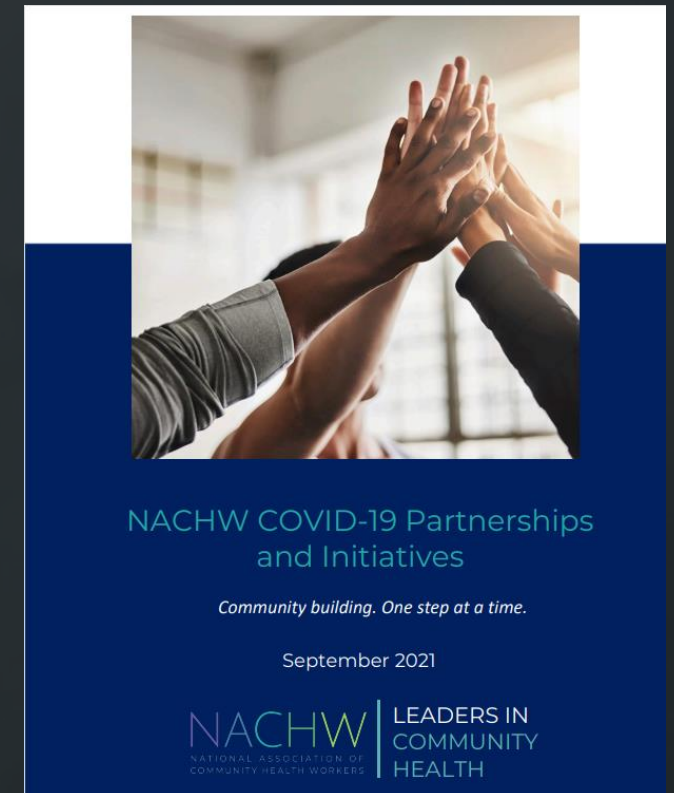
Braid funds to sustain essential nonprofits and invest in outcomes funds, wellness trusts, and other place-based payment models that align with long-term community health outcomes.

# Center and Integrate CHW Lived Experience and Leadership Capacity

- **Recruit and hire authentic CHWs** (trusted with deep trust, relationship, cultural alignment and lived experience with the communities of focus)
- **CHW leadership should be in the majority** of all CHW workforce development policy, decision making boards and advisories, planning, hiring and evaluation teams
- **Eliminate barriers for authentic CHWs** such as certification and fees, academic advancement, past criminal background, and citizenship status
- **Implement broad CHW roles** (CHW Core Consensus Project) and integrate CHW services to address whole health needs (SDOH, mental and public health as well as clinical issues)

# Leverage NACHW COVID-19 Resources and Expertise

- Technical Assistance Advisor to Rockefeller Foundation, Morehouse SOM, CDC 2109, Partner in Health and others
- Vaccine Equity Best Practice for diverse communities
- Website with CHW Curated COVID-19 training and resources
- Co-developed Webinars (English and Spanish)
- CHW Network National Town Halls
- COVID-19 Bi-monthly newsletter



# Clearly Define Capacity for the Workforce

1. **Capacity:** competence, potential, role/duty, aptitude, skill, capability, readiness (Merriam Webster)
  - This must include the entire care/program team and organization – not just the CHW
2. **Who are your partners to create this definition?**
  - Existing CHW Networks , Training Centers, CBOs, employers in your state?
  - CHWs who reflect the diversity (gender, culture, income, sector) of the population you wish to address?
3. **What are the factors of capacity that are critical to your state?**
  - Integration/alignment with the CHW Core Consensus Project?
  - Cultural competence, language access
  - Training for CHW supervisors, managers, HR, IT integration, evaluation
4. **How does your capacity work during COVID advance racial equity and sustainability?**
  - Who else needs to be involved? Cross-sector discussion is a must!

# Clearly Define Infrastructure for the Workforce

1. **Infrastructure:** physical and organizational structures and facilities, policies needed to operate effectively; the system and resources; underlying foundation or basic framework; a permanent installation (Merriam Webster)
2. **How does your capacity work during COVID advance racial equity and sustainability?**
3. **Who are your partners to create this definition?**
  - Existing CHW Networks, Training Centers CBOs? CHWs who reflect the diversity (gender, culture, income, sector) of the population you wish to address?
4. What are the cross-sector career ladders that you will create?
5. Considerations
  - State CHW definition, scope of work, certification legislation, advisory boards
  - **Include Workforce studies** and data collection platforms (monitoring of workforce trends, capacity)
  - **Organize and sustain CHW Association/Network partnerships** by
    - CHW Office in the Department of Health
    - Cross sector CHW workgroup (mental health, social services, public health, etc.)



**Thank You**

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