Integrating CHWs into Local Public Health COVID Response and Rebuild Efforts

June 29, 2021
12:00 pm – 1:30 PM CST

CHW Solutions
Community Health Worker services made easy

MIGRANT CLINICIANS NETWORK
MCN

Minneapolis
City of Lakes

NRC-RIM
National Resource Center for
Refugees, Immigrants, and Migrants

Community-Based
Workforce Alliance

Volunteers of America
MINNESOTA AND WISCONSIN

Housekeeping

- We will be recording this webinar, and the link will be posted on the NRC-RIM website: https://nrcrim.org/toolkits/community-health-workers
- Please stay on mute during the webinar
- Q&A will be at the end

Today's Agenda

- **Introduction** (Megan Ellingson, CHW Solutions)
- **NRC-RIM Project Overview** (Erin Mann, NRC-RIM)
- **Webinar Overview** (Megan Nieto, CHW Solutions)
- **Planning for CHW Integration**
  (Cloe Destinoble and Alma Galvan, Migrant Clinicians Network)
- **Community Based Workforce Alliance CHW/LPH Playbook**
  (Alex Fajardo, Karl Timothy Johnson and Ashley Rodriguez, CBWA)
- **CHW LPH Integration Example: Minneapolis Public Housing Highrises**
  (Lara Pratt, Minneapolis Health Department)
  (Carrie Harris and Bill Melton, Volunteers of America Minnesota)
- **Q&A**

Today's Webinar Presenters:

Erin Mann, Program Manager
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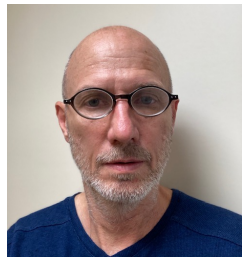


Bill Melton, Co Director Highrise Social Services
Volunteers of America
bmelton@voamn.org

NRC-RIM Background

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

About NRC-RIM

- National Resource Center for Refugees, Immigrants, and Migrants
- Funded by the CDC, housed at the University of Minnesota
- Goals:
  - Support health departments and CBOs that work with refugees, immigrants, migrants
  - Strengthen partnerships between health departments and communities

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

Our Partners

- CHW Solutions
- IDEO.org
- International Rescue Committee (IRC)
- Migrant Clinicians Network (MCN)
- Minnesota Department of Health (MDH)
- National Association of County and City Health Officials (NACCHO)

What We Do

- Health education and resources
- Online training
- Best and promising practices
- Technical assistance
- Pilot projects
- Advocacy

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

How to Reach Us

@nrc_rim

www.nrcrim.org

@nrcrim

nrcrim@umn.edu

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

Today’s Webinar Hosts

Megan Ellingson, CHW, MHA
Co-Founder CHW Solutions
Principal Consulting Services

Megan Nieto, CHW
Co-Founder CHW Solutions
Principal CHW Services

CHW Solutions

Community Health Worker services made easy

- Women-owned business launched in 2016
- Based in St. Paul, Minnesota with a state-wide service area and national presence
- Dedicated to developing sustainable models for Community Health Worker (CHW) services
- Service buckets:
  - Direct CHW services
  - Clinical oversight and claims submission
  - Technical assistance and consulting

TODAY'S WEBINAR:

- Share examples of integrating Community Health Workers into Local Public Health COVID response and rebuild efforts
- Overview the Community Based Workforce Alliance's CHW/LPH integration playbook to help Local Public Health and CHW community based organizations advance CHW integration efforts

Integrating Community Health Workers (CHWs) into Local Public Health COVID-19 Response and Rebuild Efforts

Migrant Clinicians Network experience

Alma R. Galván, MHC
Cloé Destinoble, MPH
June 29, 2021

MIGRANT CLINICIANS NETWORK

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

MIGRANT CLINICIANS NETWORK

MCN

Somos una fuerza dedicada a la justicia en salud

A Force for Health Justice

Creating practical solutions at the intersection of migration, health and vulnerability

Objectives

Identify community health workers roles and challenges in the health care system the US.

Identify structural barriers in the health system related to the use of the CHW model

Present an example of promising practices in CHW intervention related with COVID-19

Community Health Workers roles

Assigned	Faced
Lay Health Advisors	Opinion Leader
Change Agents	Knowledge brokers
Health Educators	Gate Keepers
Outreach	Cultural Translators
Part of the Health Team	Interpreters
Health Promoters	Opinion Leaders
	Navigators

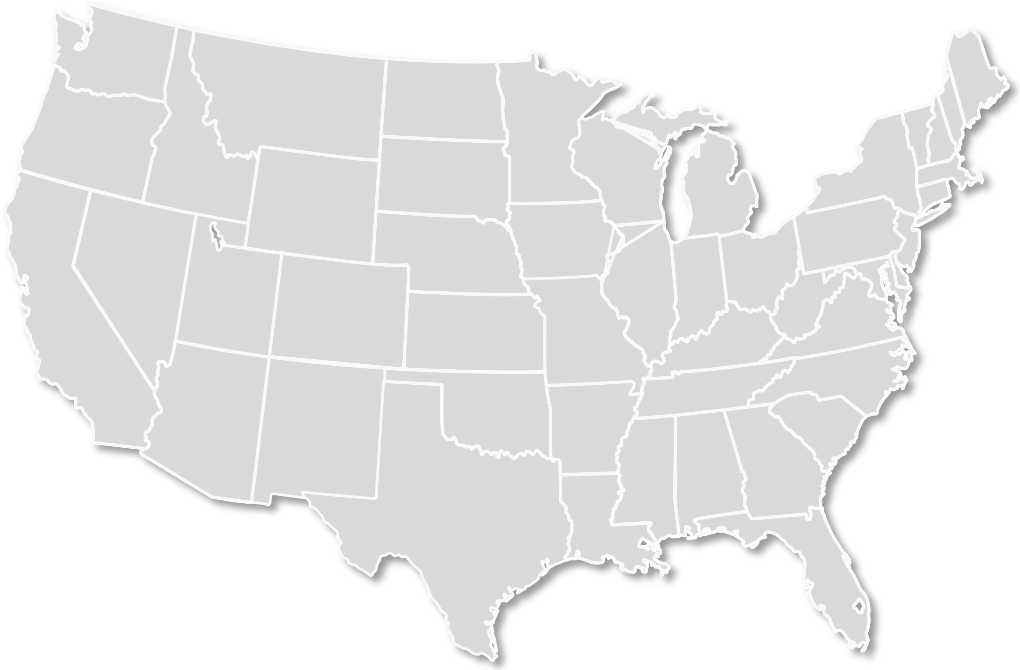
- Mexico and other developing countries in 1960’s & 1970’s
- Experiential learning
- Peer education

Educación Popular or Non-formal, Participatory Education

Educational Messages in Popular Media

43 Million Immigrants in US

13.5% US population



50% Latin America

28% Asia

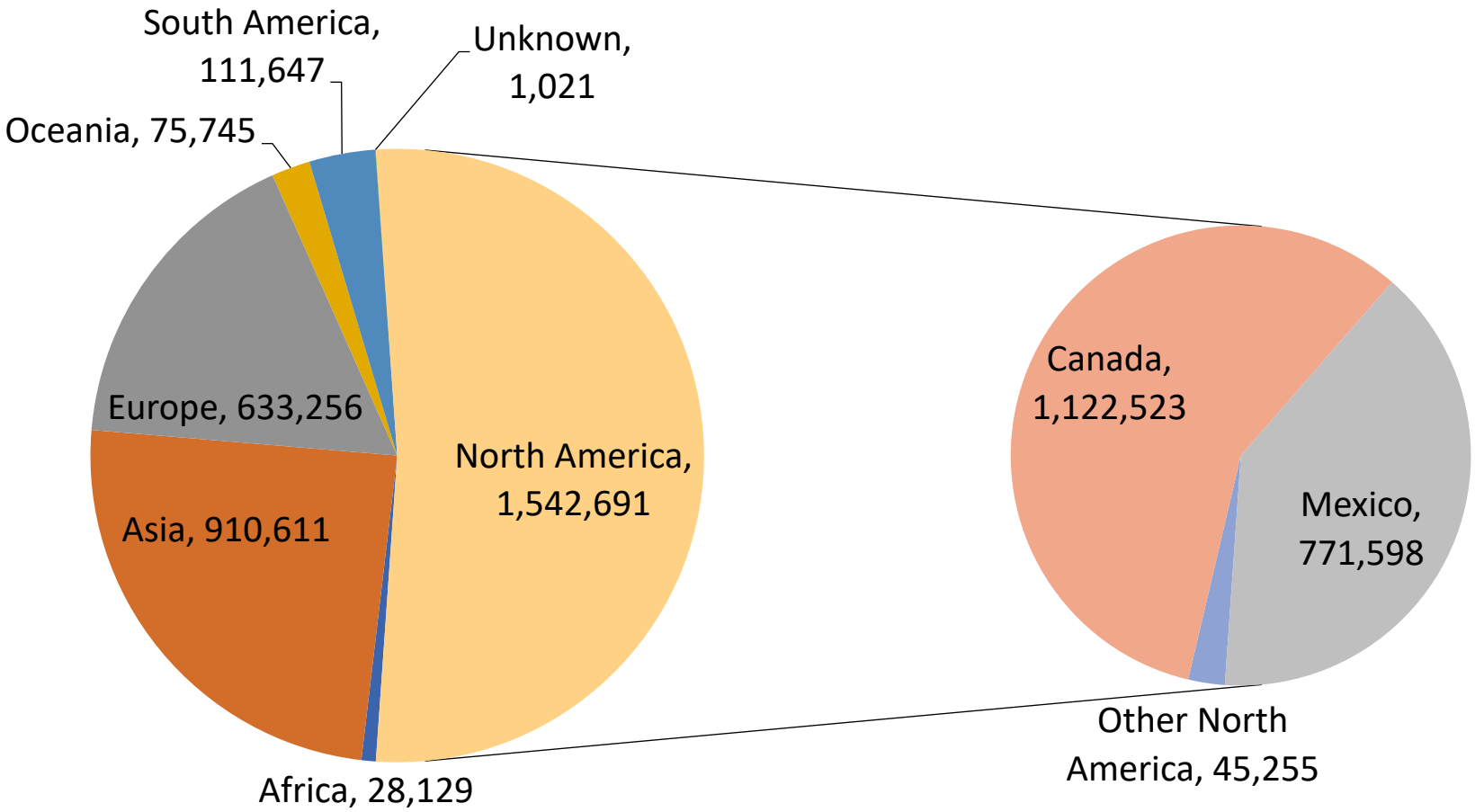
Visas & Entries Per Year

675,000 Permanent Resident Visas

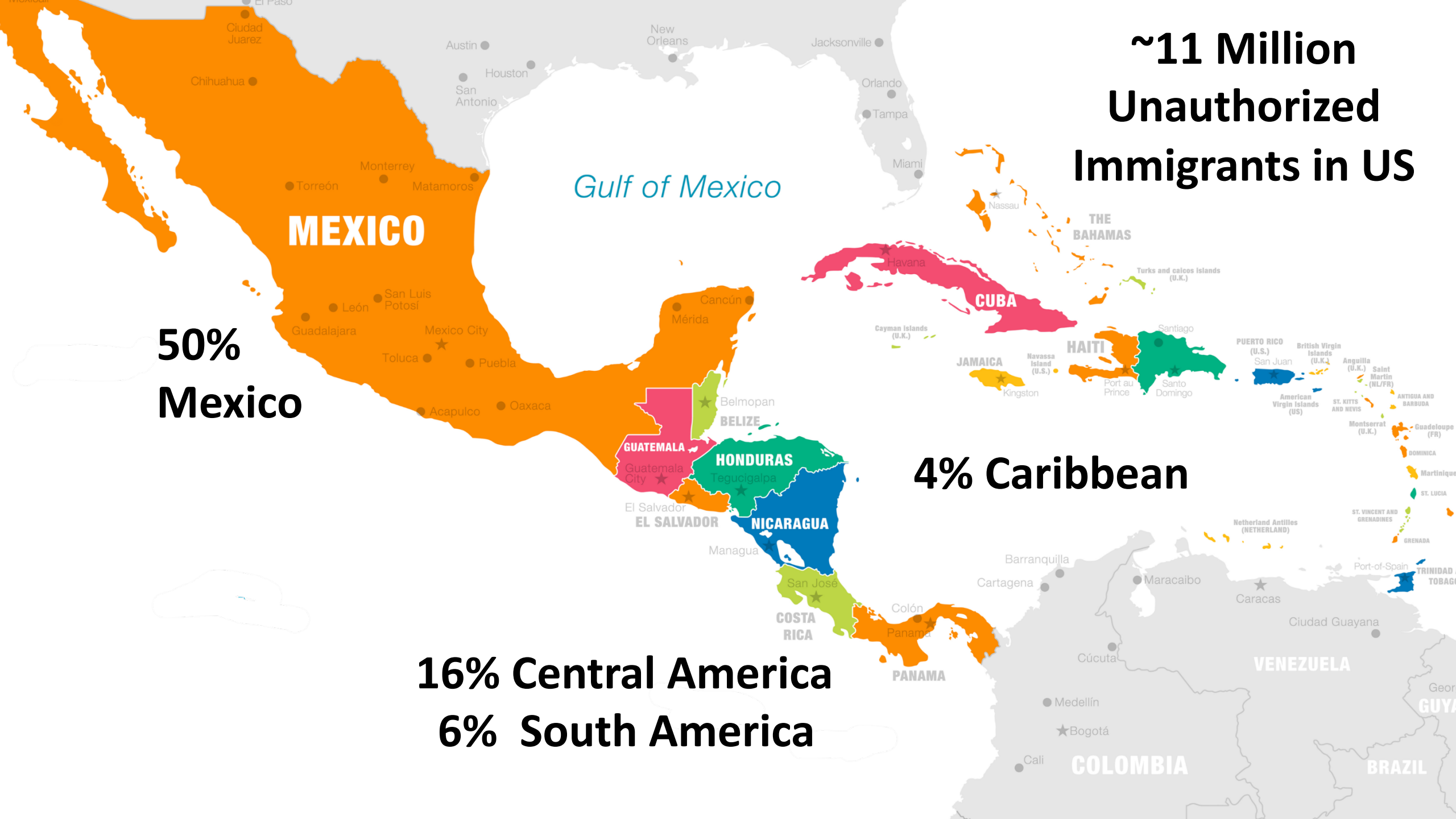
3-4 Million Temporary Workers

50-80,000 Refugees

3-4 Million Temporary Worker Admissions, 2015



http://www.dhs.gov/yearbook-immigration-statistics


~11 Million
Unauthorized
Immigrants in US
50%
Mexico
4% Caribbean
16% Central America
6% South America
MEXICO
Gulf of Mexico
CUBA
HAITI
JAMAICA
BELIZE
GUATEMALA
HONDURAS
EL SALVADOR
NICARAGUA
COSTA RICA
PANAMA
VENEZUELA
COLOMBIA
BRAZIL
THE BAHAMAS
Ciudad Juarez
Chihuahua
Monterrey
Torreón
Matamoros
San Luis Potosí
León
Guadalajara
Mexico City
Toluca
Puebla
Acapulco
Oaxaca
Cancún
Mérida
Belmopan
Guatemala City
Tegucigalpa
El Salvador
Managua
San José
Colón
Panama
Austin
Houston
San Antonio
New Orleans
Jacksonville
Orlando
Tampa
Miami
Nassau
Havana
Cayman Islands (U.K.)
Turks and caicos islands (U.K.)
Kingston
Navassa Island (U.S.)
Port au Prince
Santiago
Santo Domingo
PUERTO RICO (U.S.)
San Juan
British Virgin Islands (U.K.)
American Virgin Islands (US)
Anguilla (U.K.)
Saint Martin (NL/FR)
ST. KITTS AND NEVIS
ANTIGUA AND BARBUDA
Montserrat (U.K.)
Guadeloupe (FR)
DOMINICA
Martinique
ST. LUCIA
ST. VINCENT AND GRENADINES
GRENADA
Netherland Antilles (NETHERLAND)
Barranquilla
Cartagena
Maracaibo
Caracas
Port-of-Spain
TRINIDAD AND TOBAGO
Ciudad Guayana
Cúcuta
Medellín
Bogotá
Cali

Mixed Immigration Status Households Common

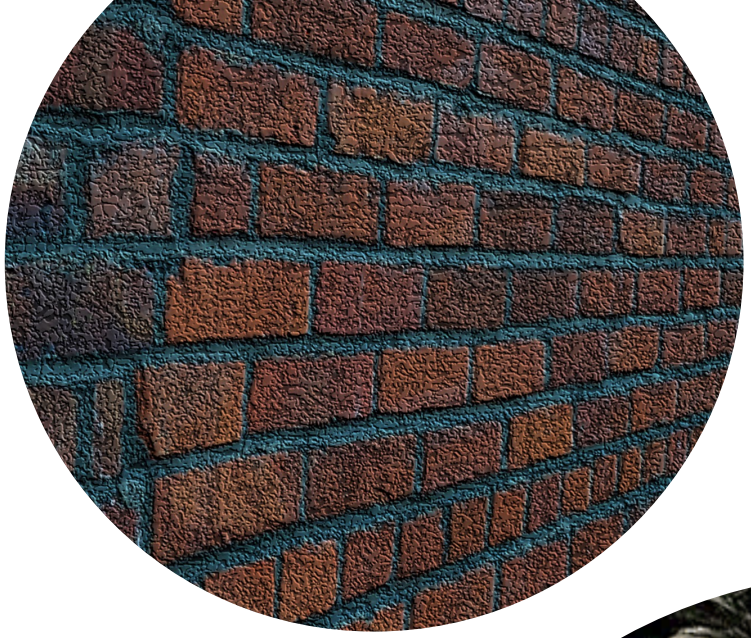
- 16.7 million live with at least one unauthorized family member.
- 5.9 million US citizen children live with at least one unauthorized family member.
- 1 million US Citizens have unauthorized spouse.

Systemic Barriers

- Health system
- Immigration system
- Academic system
- Public policies

Barriers

- Literacy health system
- Health beliefs
- Family structures
- Language and literacy issues
- Discrimination
- Fear of immigration control
- Distrust of the government
- CHW-provider patient –can block the communication



CHW Role with Mobile Patients

- Constant mobility
- Language
- Health care beliefs and practices
- Food habits and practices
- General education
- Health knowledge
- Health system knowledge
- Immigration status
- Structural racism

How CHWs Contribute to Promote Health and Enhance Health Equity

- Integrate health model
- Capitalize on health promoter's role
- Training and easy navigation of the health system
- Partnership with local government
- Customize health education to incorporate the culture and beliefs systems in the communities they serve.
- CHWs build advocacy coalitions that put power and tools in hands of the communities impacted most by disparities.

Experience with COVID-19 in Delmarva

- Building Capacity
- Stronger Alliances with Health Departments
- Communication Campaign

Building Capacity

- Using Community Health Worker model
- Building individual and community capacity by increasing health knowledge and providing technical assistance to CHWs.
- Providing training and a bi-directional curriculum for CHWs on:
    - Outreach strategies
    - Community education
    - Monitoring and evaluation (M&E)

Stronger Alliances with Health Departments

- Maryland's Lower Shore COVID-19 Vulnerable Populations Taskforce (VPTF) (+ 100 organizations).
  - Addressing COVID-19's impact on the community
  - Better meet the needs of the vulnerable populations who disproportionately suffer from COVID-19
- Community mobilization strategies to create linkages between the vulnerable communities and local and state health departments.

The Lower Shore Vulnerable Populations Taskforce

SALISBURY MD

Communication Campaign

- Collaboration between MCN and National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM), utilized design work by IDEO.org.
- With the purpose of creating an organized and powerful effort to expose the community with inspiring and positive COVID-19 vaccine content, and to combat local vaccination myths and hesitancies.
- Involved CHW from local Latinx and Haitian communities in each step.
- Campaign materials were community-specific.

@tweetMCN

@migrantclinician

@migrantcliniciansnetwork

www.migrantclinician.org

Thank you for your participation!

¡Muchas gracias!
Merci!

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Alma R. Galván, MHC
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Alma Galván, MHC is MCN's Senior Program Manager of Environmental and Occupational Health in the Maryland office. Ms. Galván has a bachelors in Educational Psychology and Public Health, as well as a Master in Health and Communication. She has expertise in training, technical assistance, and development and evaluation of programs relating to *promotores de salud*, border health issues, and indigenous communities in relation to pesticides, water and sanitation, drug prevention, cultural competency, and community mobilization.

Cloé Destinoble is MCN's Program Manager for Migrant and Immigrant Health. She has a master's degree in Public Health with a concentration in Maternal and Child Health. Ms. Destinoble is a strong advocate for achieving health equity, eliminating disparities, and improving population health. She has worked as an HIV peer educator for the department of health in Florida. Ms. Destinoble has also worked with a few health departments and contributed as a Biological Scientist in their epidemiology departments by investigating COVID-19 cases and assisting in the control of infections. As a biological scientist, Cloé aimed to promote health and prevent the spread of COVID-19 by identifying, assessing, and managing people or contact who have been exposed to the virus. Cloé is passionate about serving the underserved vulnerable populations and advocating for them.

Community-Based Workforce Alliance

CBWA Presenters

Ashley Rodriguez, CCHW, CCHWI
Community Health Worker System Manager,
Baylor Scott & White Health System;
APHA CHW Section Chair;
President of the Board of Directors,
Texas Association of Promotores & Community Health Workers

Alexander Fajardo, MCP, CFC
Executive Director
El Sol Neighborhood Educational Center

Karl Johnson
PhD Candidate
UNC Gillings School of Public Health

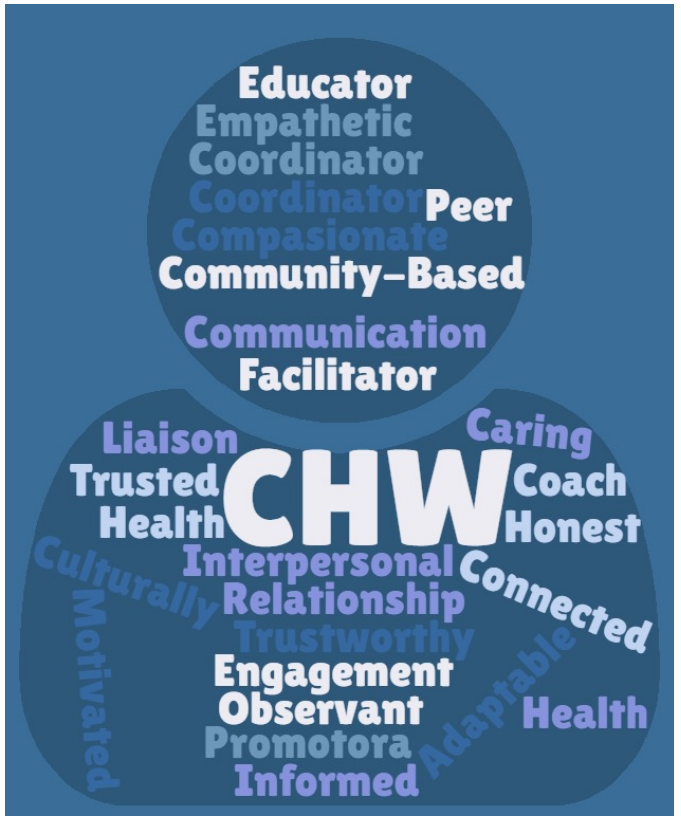
The Problem

Blacks represent **13%** Hispanics represent **18%** of the total U.S. population	Blacks represent **26%** Hispanics represent **30%** of **ALL** U.S. COVID-19 cases	Black people are dying at **2.5 x** the rate of white people

One Solution

Local Health Departments (LHDs) must engage the necessary channels to center and advance racial equity across all facets of their COVID-19 response strategy.

How?



Promotores, CHWs, CHRs - Who We Are

A CHW is a:

- Trusted member of, or deeply understands, the community he/she serves
- Liaison between health and social services and the community

A CHW builds individual and community capacity through:

- Outreach
- Community education
- Informal counseling
- Social support
- Advocacy

Act as a liaison between the healthcare system, patients, and families/**caregivers**

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

CHWs Have a Rich History

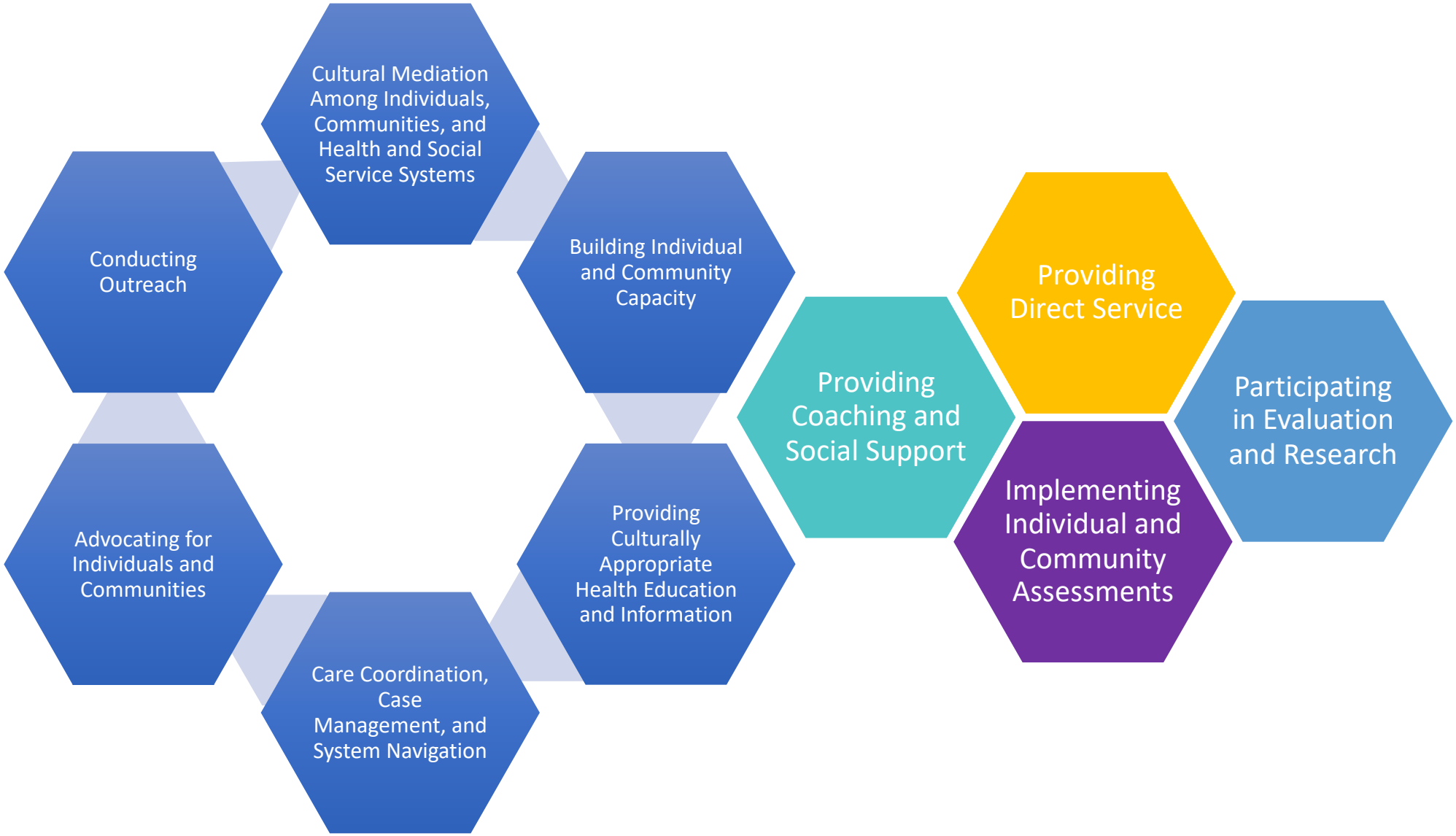
In 17th century Russia, lay people/outreach workers called "feldshers" were trained to care for civilians & military personnel.

In the 1960s, Chinese farm workers were trained as "barefoot doctors" to provide health care in rural communities.

Heightened political activism across Latin America in the 1960s & 1970s = increased # promotores trained by orgs/church groups

In the U.S., the first formal CHW programs est. in 1950s to deliver accessible and appropriate health resources to communities not being served by the traditional medical system.

COVID-19 CHW Response Activities



Brining it all together: LHDs & CHWs

FAMILIESUSA.ORG

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

Community Health Workers are Essential to States' COVID-19 Contact Tracing Efforts

As states and communities continue to reopen, the term *contact tracing*, like *flatten the curve*, has become part of our national dialogue. Although new to the conversation, contact tracing has a long history as a public health prevention and mitigation strategy including for smallpox outbreaks,[1] sexually transmitted diseases,[2] HIV/AIDS,[3] and SARS.[4] As states quickly stand up these critical and labor-intensive programs to help address COVID-19, community health workers (CHWs) are essential components of a contact tracing strategy because of their relationships with both individuals and health care systems in the community, their understanding of community culture, and their knowledge of social supports needed to help people through this pandemic.

What is Contact Tracing?

Contact tracing is a core prevention strategy that has been used around the world, and in local and state health departments in the United States, for decades. The goal of contact tracing — in conjunction with widespread tests, case investigations, isolation, and quarantine — is to prevent the further spread of disease. Contract tracing accomplishes this by first identifying individuals who have tested positive (in this case, for COVID-19). Testing is critical to begin the chain of containment; without widespread, accessible, and accurate testing, the subsequent strategies in this interdependent system, which includes contact tracing, will be less effective. Once an infected individual is identified, a contact tracer will reach out to learn whom they have been in recent and close contact with[1] and then contact the identified individuals to notify them of their exposure and the need to self-quarantine for 14 days.[5]

Why is Contact Tracing Important?

Current estimates show that an individual with COVID-19 is likely to spread it to two or three others.[6] Contact tracing is essential to reduce that spread. COVID-19 spreads quickly and sometimes before any symptoms are present; this increases the need for an efficient and well-organized contact tracing process so exposed individuals can quarantine. Korea, Taiwan, and other countries have used contact tracing to dramatically slow the spread of the disease.[7,8]

[1] Although guidance continues to evolve, the US Centers for Disease Control and Prevention currently recommends that individuals who have been in close contact (within six feet and for more than 15 minutes at a time) with the infected patient within two days prior to symptom onset and onward be contacted.

June 2020 Issue Brief

States Engage Community Health Workers to Combat COVID-19 and Health Inequities

June 22, 2020 / by Elinor Higgins

As recent data shows, COVID-19's infection and death rates illustrate the profound racial and ethnic disparities in the natior economic inequalities that affect health outcomes. To curb COVID-19 and improve the quality of care delivered to commun discrimination, a few states are bolstering their community health workforces.

Community health workers (CHWs), are culturally competent, frontline public health workers who are trusted by the comm individuals benefit from relationships with people who have similar lived experiences and are members of their communit trust and address barriers that traditionally underserved communities face when seeking medical care and services. CHWs centered approaches to care and generate cost savings for state programs.

History of State CHW Initiatives

Before the pandemic, many state programs enlisted CHWs to address challenging aspects of their health improvement initiatives, such as facilitating care coordination, enhancing access to community-based services, and addressing social determinants of health. Payment strategies for CHWs vary; a majority of services are grant-funded with some states reimbursing for CHW services through their Medicaid programs or hiring CHWs as part of managed care organizations.

As states work to address COVID-19, the public health infrastructure created by who were deemed essential critical infra recovery across demographics.

State Examples of CHW Engagement t

- **Delaware:** In May, Gov. John Carney Health, the Delaware Community Fo COVID-19 and CHWs, who can help c coordinating the effort in partnershi

NASHP
NATIONAL ACADEMY FOR STATE HEALTH POLICY

FOUR WAYS THAT CHWs STRENGTHEN PUBLIC HEALTH CAPACITY

01 Develop and provide compassionate community engagement.

02 Screen communities for social and behavioral health needs and help them navigate services.

03 Lead workforce development activities for contact tracing.

04 Build community capacity for recovery and rebuilding.

The mission of the National Association of Community Health Workers is to unify the workforce to support communities in achieving health equity and social justice.

The CBWA Origin Story

The U.S. is surging various community-located efforts (e.g. contact tracing, testing) to mitigate COVID-19, but leaders are often missing the opportunity to connect these efforts with the existing community-based workforce (CBW).

On May 22nd, several organizations with a proven history of working alongside and advocating for the CBW came together around a shared conviction to engage the CBW in future COVID-19 response efforts. An Alliance was formed with the mission to:

“Ensure that COVID-19 response and rebuild efforts are equitable, effective, and involve, fund, strengthen and elevate trusted community-based workers.”

Community-Based Workforce Alliance

All Alliance organizations have endorsed a set of key principles (originally drafted by HealthBegins)…

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.

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.

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.

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.

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 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.

bit.ly/Pr1nc1ple

Advancing CHW Engagement in COVID-19 Response Strategies

A Playbook for Local Health Department Strategies in the United States

Community-Based Workforce Alliance

CHW Engagement Playbook

Advancing CHW Engagement in COVID-19 Response Strategies: *A Playbook for Local Health Department Strategies in the United States*

- Developed with contributions from Alliance member organizations
- Goal: facilitate both the conceptualization and operationalization of CHW engagement to advance health equity throughout all COVID-19 response activities
- Two major parts:
  - Part 1: Framework for Engagement across 10 key areas
  - Part 2: Strategic Recommendations for Advancement

Strongly informed by the 2018 CHW AIM

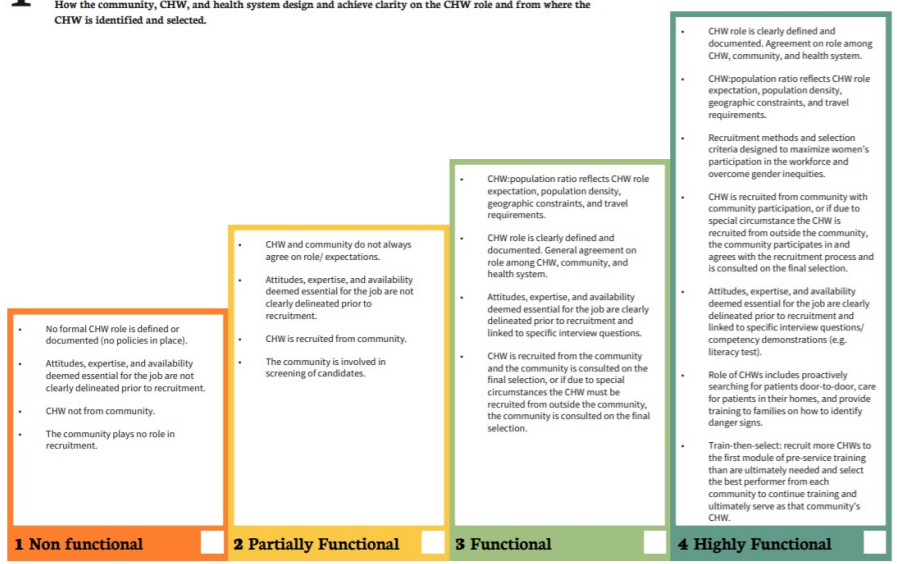
Community Health Worker Assessment and Improvement Matrix (CHW AIM)

Updated Program Functionality Matrix for Optimizing Community Health Programs

CHWCentral · Community Health Impact Coalition · initiatives inc. · USAID FROM THE AMERICAN PEOPLE · unicef

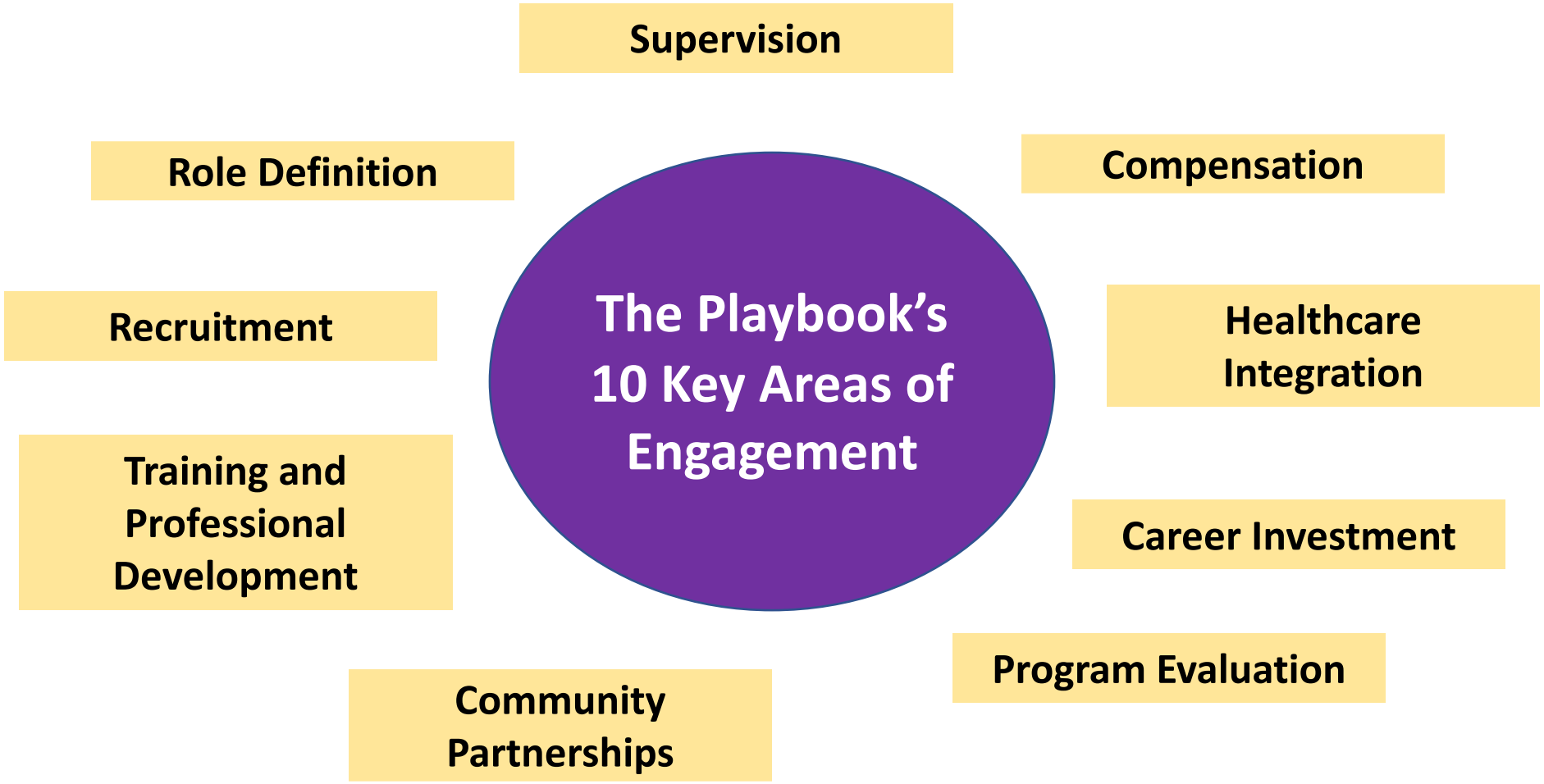
CHW AIM 2018: Revised Programmatic Components

1. **Role and Recruitment:** How the community, CHW, and health system design and achieve clarity on the CHW role and from where the CHW is identified and selected.
2. **Training:** How pre-service training is provided to the CHW to prepare for his/her role and ensure s/he has the necessary skills to provide safe and quality care; and, how ongoing training is provided to reinforce initial training, teach CHWs new skills, and to help ensure quality.
3. **Accreditation:** How health knowledge and competencies are assessed and certified prior to practicing and recertified at regular intervals while practicing.
4. **Equipment and Supplies**: How the requisite equipment and supplies are made available when needed to deliver expected services.
5. **Supervision:** How supportive supervision is carried out such that regular skill development, problem solving, performance review, and data auditing are provided.
6. **Incentives**: How a balanced incentive package reflecting job expectations, including financial compensation in the form of a salary, and non-financial incentives, is provided.
7. **Community Involvement:** How a community supports the creation and maintenance of the CHW program.
8. **Opportunity for Advancement:** How CHWs are provided career pathways.
9. **Data:** How community-level data flow to the health system and back to the community and how they are used for quality improvement.
10. **Linkages to the National Health System:** The extent to which the Ministry of Health has policies in place that integrate and include CHWs in health system planning and budgeting and provides logistical support to sustain district, regional and/or national CHW programs.

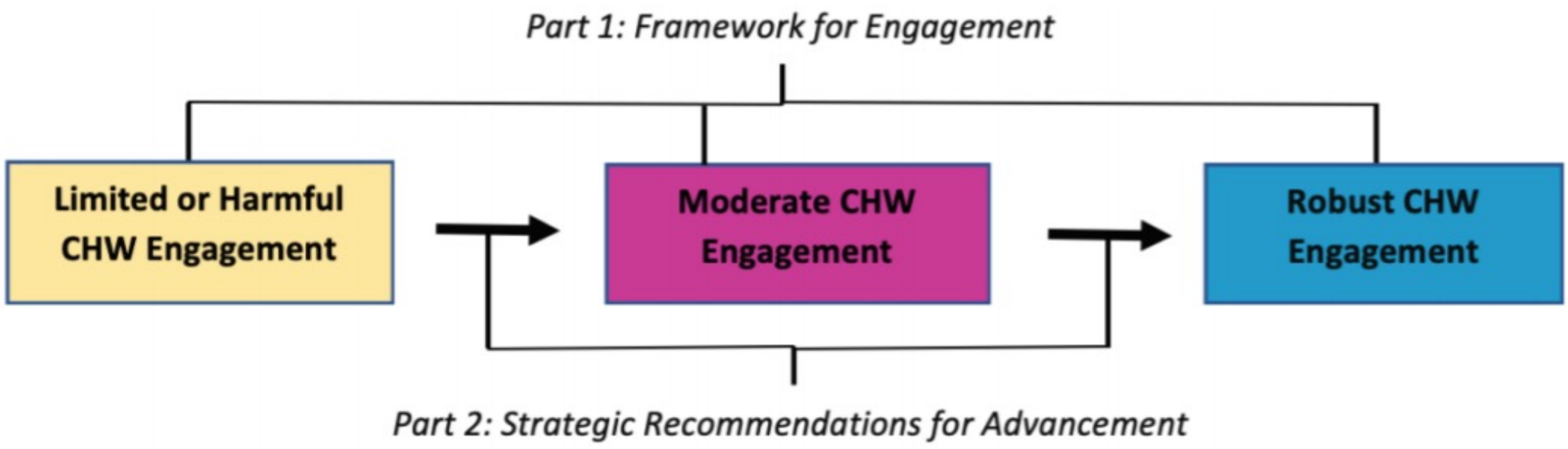


https://www.youtube.com/watch?v=64MlBPF75fI&t=22s

CBWA Playbook Areas of Engagement



Structure of the Playbook



PART 1: FRAMEWORK FOR ENGAGEMENT

Increasing Intensity of Engagement →			
Area of Engagement	**Limited or Harmful Engagement**	**Moderate Engagement**	**Robust Engagement**
Role Definition	● No mention of CHWs within any CRS documentation, or a brief mention of CHWs are provided but without further guidance. ● CHWs are not relied upon to design roles and expectations of CHWs within the contact tracing strategy.	● CHWs are mentioned within some features of the CRS but there is not a clear role for them or acknowledgement of expertise. ● Without being explicit, the CHW role reflects several of the recognized roles and competencies of CHWs as outlined by the CHW Core Consensus Project.	● The roles and capacities of CHWs are explicitly recognized by other members of the CRS. ● The role of CHWs includes all items from the CHW Core Consensus Project, including those specific to COVID-19. Explicit recognition is given that CHWs can execute all such roles and competencies. ● There is an explicit emphasis on a holistic conception of the CHW role, which prioritizes their ability to know their clients as people. ● The role of CHWs, as formally articulated, is flexible enough to provide tailored support across a range of services depending on individual client needs, including those which address upstream determinants of health. ● The role of CHWs is designed using evidence-based work practices and direct input from participating CHWs.

PART 2: STRATEGIC RECOMMENDATIONS FOR ADVANCEMENT

Area of Engagement	**Limited or Harmful to Moderate Engagement**	**Moderate to Robust Engagement**
Role Definition	● No mention of CHWs within any CRS documentation, or a brief mention of CHWs are provided but without further guidance. ● CHWs are not relied upon to design roles and expectations of CHWs within the contact tracing strategy.	● Make clear to all members within the CRS that CHWs are expected to execute any and all roles and competencies identified by the CHW Core Consensus Project. We also recommend LHDs to consult this resource put out by ASTHO on CHW Training and Core Competencies across different states. ● Require that all CHW hiring decisions be made only after approval by peer CHWs or organizations that work in that community or neighboring ones, for purposes of ensuring that the diversity of hired CHWs reflects the diversity of the communities they are serving. ● Provide scripts, interview guides, and a documentation platform that support CHWs in getting to know and supporting their patients in a holistic way.

The Importance of Moving from Harmful Engagement to Robust Engagement (two examples)

Area of Engagement	Limited or Harmful Engagement	Robust Engagement
Role Definition	• No mention of CHWs within any CRS documentation, or a brief mention of CHWs are provided but without further guidance. • CHWs are not relied upon to design roles and expectations of CHWs within the COVID-19 response Strategy	• The roles and capacities of CHWs are explicitly recognized by other members of the CRS. • The role of CHWs includes all items from the CHW Core Consensus Project, including those specific to COVID-19. Explicit recognition is given that CHWs can execute all such roles and competencies. • There is an explicit emphasis on a holistic conception of the CHW role, which prioritizes their ability to know their clients as people. • The role of CHWs, as formally articulated, is flexible enough to provide tailored support across a range of services depending on individual client needs, including those which address upstream determinants of health. • The role of CHWs is designed using evidence-based work practices and direct input from participating CHWs.
Supervision	• CHWs are not supervised by anyone with experience overseeing CHW-led activities or who understands CHW roles and competencies. • Supervisors don't have the optimal background (e.g. heavy clinical background, lack of familiarity with community engaged work).	• Supervisor is dedicated exclusively to CHWs and receives training on effectively supporting CHWs. • Community Health Nurses may supervise CHWs and accompany them into the field, which adds credibility for community members and allows supervisors to better understand challenges faced by the CHWs • Supervisors are experienced CHWs or have a passion for CHW role and understand the significance to both CHWs and their patients/clients. • Supervisors have the capacity to both meet regularly with CHWs for one on one reviews of cases and convene team meetings which consist solely of CHWs. • Supervisors ensure recognition, collaboration, and support between CHWs and other members of the response effort (i.e. this should be included as part of their job description • Supervisors have a system for assessing performance and supporting any needed improvement on an ongoing basis. • In addition to CHW supervisor, the LHD recruits a program coordinator who manages infrastructure issues (data and reporting, communication about cases between CHWs and others on a contact tracing team, new information coming about test sites, resources, etc.) • Supervisors receive effective supervision and support from a local/ regional director

How to use the Playbook

Step 1: Identify where one currently exist on the continuum and where they would like to be (Part 1).

Step 2: Consider strategic options available to advance oneself appropriately (Part 2).

PT 1: Framework for Engagement

Area of Engagement	Limited or Harmful Engagement	Moderate Engagement	Robust Engagement
Role Definition			
Recruitment			
Training and Professional Development			
Safety and Supplies			
Supervision			
Compensation			
Healthcare Integration			
Career Investment			
Program Evaluation			

= Current position; = Desired Position

PT 2: Strategic Recommendations for Advancement

Area of Engagement	Limited or Harmful → Moderate Engagement	Moderate → Robust Engagement
Role Definition		
Recruitment		
Training and Professional Development		
Safety and Supplies		
Supervision		
Compensation		
Healthcare Integration		
Career Investment		
Program Evaluation		

One-page summary document

Appendix A: Summary Version

Community Health Worker (CHWs includes promotores de salud and community health representatives) engagement is critical for Local Health Departments (LHDs) and other healthcare or public health institutions that wish to advance health and racial equity in their COVID-19 Response Strategies (CRS). As trusted members of the community and experts in community health, CHWs build relationships with community members and bridges to medical, health department and social support systems with historic structural barriers. During the pandemic, more practical guidance is needed on how LHDs and others can integrate CHWs into CRS. Inspired by HealthBegins' Community-Based Workforce Principles for Pandemic Response and Resilience, and the National Community-Based Workforce Alliance have developed an extensive playbook to articulate strategic recommendations across a continuum of CHW engagement that amplify the roles of CHWs and draw from CHW best practices and workforce policies. This one-page document provides summary highlights from this document.

Area of Engagement	Items Necessary for Engagement	Strategies to Advance Engagement
1. Role Definition	The role of CHWs is broadly defined and includes the range of activities (social support, advocacy, navigation, etc.) from the CHW Core Consensus Project.	Consult nationally recognized CHW Core Consensus Project roles, qualities, skills and competencies. Align with state recognized credentialing, certification or training standards.
2. Recruitment	Recruitment is grassroots, draws from communities to be served, limits barriers to entry, and involves CHW in the selection process.	Ensure hiring rubrics prioritize qualities essential for the role (e.g. trust-building traits, empathy, problem-solving skills, knowledge of the local community).
3. Training and Professional Development	Training includes extensive practicum time and ongoing professional development. Training is co-created/co-led by CHWs.	Work with local and state CHWs, CHW associations, and organizations with a history of providing CHW training to identify the best available training curricula.
4. Safety and Supplies	Necessary supplies/protective equipment are provided; self-care, mental health, and the prevention of burn-out is prioritized.	Consult regularly with CHWs to assess equipment and supplies needed to ensure safety and provide the best care. Ensure compliance with OSHA workplace guidelines for COVID-19.
5. Supervision	Supervisors are experienced CHWs or have a background in community/social services and meet with CHWs in individual and team settings.	Screen supervisors using criteria such as: understanding and importance of the CHW role, familiarity with the communities CHWs will be working in, and the lived experience of community members
6. Compensation	CHWs are compensated at a competitive rate for all work they do and are given employee benefits which they can negotiate	Guarantee CHWs a living wage, using the MIT Living Wage Calculator. Advocate for moving from fee-for-service to value-based payment and integration of CHWs into operating budget.
7. Healthcare Integration	Healthcare professionals champion CHW involvement	Develop personal contacts between CHWs and individual members of local health and social services systems
8. Community Partnerships	CHWs engage existing multisectoral community structures such as CBOs, departments of social services, and faith-based institutions	Develop personal contacts between CHWs and individual members of CBOs and other community institutions. Work with local and state CHW associations to identify these institutions.
9. Career Investment	Employment for CHWs is guaranteed after the COVID-19 contract has expired. CHW Professional development opportunities are provided for career advancement.	Identify CBOs, community health centers or hospitals that can employ CHWs to respond to other health issues after COVID-19 activities are over; identify additional funding through the LHD or SHD to sustain program activities.
10. Program Evaluation	Patients/clients, community members, scientists, and CHWs are involved in all phases of the evaluation of the CRS, including design, data collection, analysis and interpretation.	Develop an evaluation committee which consists of community-engaged scientists, CHWs, and community members; include social return-on-investment and equity outcomes as key metrics within the evaluation.
Community Wisdom: CHWs are positioned to deliver the wisdom of the communities being served to the health system, not only health services to unreached communities.		

Where to use the Playbook

Users

- Local Health Departments
- Community-Based Organizations
- Community Health Clinics

Uses

Survey	Planning and Review	Assessment	Improvement	Capacity Building
Compared CHW services provided by LHDs to identify gaps and needs	Inform and Review CHW Program design	Assess a CHW program in its entirety, within a locality and/or over time	Guide action planning and improvement	Orient program staff to the issues and elements they need to consider in planning, managing, and assessing a CHW program

Adapted from CHW AIM, 2018 edition

Prior/Current Playbook Usages

- National Emerging Special Pathogen Training and Education Center
- Manufacturing extension centers
- Midlands region of South Carolina
- University of North Texas Health Science Center, TAPCHW
- Louisiana Office of Public Health
- Health Officials in Immokalee, FL
- Office of Rural Health, North Carolina

Community-Based Workforce Alliance

http://communitybasedworkforce.org/

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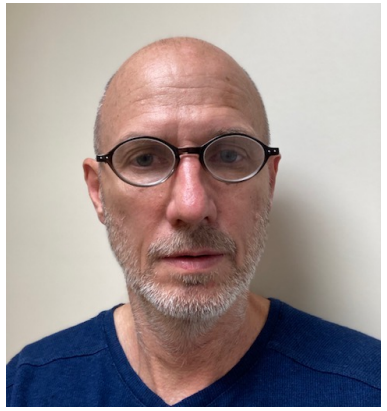

Bill Melton, Co Director Highrise Social Services
Volunteers of America
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Minneapolis Health Department

Partnerships to increase Community Health Worker services

Minneapolis Health Department

Serves ~420,300 residents

Mission Improve the quality of life for all people in the city by protecting the environment, preventing disease and injury, promoting healthy behaviors, and creating a city that is a healthy place to live, work, and play.

Healthy Living Team: Affordable and accessible opportunities for healthy eating, physical activity and smoke-free living for all ages and abilities

CHW Integration

Locations

- Community clinics
- Public housing highrise buildings

Common threads programs

- 1-on-1 assistance with self-management support and social needs
- Capacity to access Medicaid reimbursement for CHW services

MHD roles

- Strategic thought and planning partner
- Funder
- Champion

Public Housing Highrise Buildings

Why?

Convergence of learning, need and opportunity

How?

- Technical assistance
- Experimentation with billing
- Start-up and supplemental funding for CHWs

CHW Integration @ VOA

Challenges

- CHWs were a new concept for our Social Service Department
- Separation of duties between CHWs, and 17 Licensed Social Worker and other social service staff
- Billing and revenue
- Complicated service delivery due to resident demographics: 5000 residents; most elderly or disabled; 50% immigrants with limited English
- COVID vaccine hesitancy

Successes

- CHWs successfully integrated; have served 300+ residents
- 1514 residents received 1st and 2nd COVID vaccine doses
- Obtaining Medicaid reimbursement via CHW Solutions

CHWs during COVID & social unrest

MHD provided

- COVID surveillance
- Advising
- Testing and vaccines

VOA CHWs and Social Service Staff

- Served as trusted liaisons
- Provided basic needs support

Future idea

- Engage CHWs to support residents in isolation, quarantine and post-hospitalization.

Highrise Health Alliance

Cross sector collaboration

- Members include public health, healthcare providers, social service providers, MCOs and residents

Goal

- Improve health outcomes by making it easier and more efficient for MPHA residents to get the care they need.

Priority

- Communication and coordination between CHWs in the buildings and care organizations


CHW Solutions
Community Health Worker services made easy
Q & A
https://nrcrim.org/toolkits/community-health-workers