

WHO IS LISTENING TO CHWS DURING COVID-19?

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As the COVID-19 pandemic deepens its impact on communities of color, many Community Health Workers (CHWs) have valuable insights from the frontlines of emergency response – but few public and private emergency response teams may be hearing them.

“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,” shared one CHW in Massachusetts.

Another CHW working in the DC area can’t find the information he needs to educate and protect individuals living with HIV. “I’m getting a lot of questions and I’m trying to calm them down. I need information.”

CHWs are Critical Infrastructure Workers

CHWs were identified as “essential critical infrastructure workers” in [guidance issued to public and private sectors by the U.S. Department of Homeland Security](#) on March 19, 2020, with a “special responsibility to maintain...normal work schedule[s]”. CHWs [including promotores and community health representatives (CHRs)] are frontline public health workers whose shared language, culture and experience with communities helps them establish trust and build bridges between health and social services and communities.

Yet according to survey data and national calls with CHWs hosted by the [National Association of Community Health Workers](#) (NACHW), some are being laid off or furloughed and, if they are working, may still feel disconnected from state and local emergency response efforts.

In early March, NACHW launched an informal [national CHW COVID-19 survey](#) that has gathered hundreds of CHW responses so far; it will remain open for the duration of this pandemic. The survey asks CHWs to describe their experiences and information, resource and self-care needs.

Survey respondents indicate that less than 45% of the information they are receiving from government and employment sources is culturally appropriate. Twenty-six percent of respondents are having difficulty accessing basic, low literacy, accurate information for community education activities, and 17% cannot connect their clients to basic needs.

Meaning Contributions to COVID-19 Response

For CHWs who are being deployed for emergency response, some point to lack of respect for CHWs as professionals who can meaningfully contribute to service delivery adaptation. One survey respondent shared, “I would like to be included in the planning rather than being told something after the fact. I feel what I am expected to do is being decided without my input.”

Public and private entities can partner with CHWs and their local or state CHW Network and Associations in responding to the COVID-19 emergency to improve culturally and linguistically appropriate community education, coordinate services to address social drivers of well-being, implement screening and contact tracing, and lead innovation and compassionate care among vulnerable communities – and by doing so, can help ensure that those that are getting hit by COVID-19 and health inequities the hardest, will get the resources and support they urgently need.