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NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

LEADERS IN COMMUNITY HEALTH

An Environmental Scan to Inform Community Health Worker Strategies within the Morehouse National COVID-19 Resiliency Network

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

An Environmental Scan to Inform Community Health Worker Strategies within the Morehouse National COVID-19 Resiliency Network: Executive Summary

On December 12, 2020 the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices voted to recommend that persons over the age of 16 receive the Pfizer coronavirus (SARS COV-2) vaccine in the United States, one day after the Food and Drug Administration approved emergency use authorization of the same. While hailed as the beginning of the end of a pandemic that has infected over 17 million and taken the lives of over 308,000 people in the US, this announcement does not overshadow predictions of a dark winter with tens of thousands of more lives at risk. Nor does it drown out the pleas from local and state leaders, including bipartisan governors in the COVID Collaborative-- calling on the public to maintain public health measures: avoid crowds, social distance, wash hands frequently and wear masks - currently the only effective tactics to general infection and protect those with increased risk of contracting or becoming ill from the virus.

Since the first US diagnosis of COVID-19 in January 2020, this infectious disease has threatened the health, safety and economic vitality of the persons living and working in the United States and has disproportionately impacted the elderly, communities of color, lower income and rural communities, frontline workers and those without easy access to health care.

The Morehouse National COVID-19 Resiliency Network

To mitigate the impact of the COVID-19 pandemic on marginalized communities in the US, the Office of Minority Health awarded funding to the Morehouse School of Medicine National COVID-19 Resilience Network (NCRN) to collaborate with community-based nonprofits and associations, tribal nations and territories, academic institutions, health centers, faith-based organizations, and local, state and federal agencies to achieve six key objectives:

Community Health Workers Roles in COVID-19 Response

In this national effort to support populations at increased risk for adverse outcomes including members of Indigenous Tribal Nations, Black and LatinX populations, persons with disabilities, limited English language skills, justice-involved populations, people with limited health literacy, members of the lesbian, gay, bisexual, and transgender (LGBT) community, immunocompromised persons, and others, there has been broad based support-- from providers, legislators, policy makers and funders--- for integrating Community Health Workers (CHWs) into local and state COVID-19 response plans. Community Health Workers (CHW) and their CHW Networks have critical roles to play in:

- building community trust and strengthening public health response
- increasing capacity for testing, contact tracing and community rebuilding
- facilitating health system access, addressing social needs and providing psychosocial support and
- ensuring racial equity in COVID-19 vaccine development, confidence-building, and distribution

The value of engaging CHWs and their networks in the COVID-19 response was confirmed on March 19, 2020 when the U.S. Department of Homeland Security CISA issued guidance that classified CHWs as essential critical infrastructure workers during COVID-19. Since that time providers already working with CHWs to achieve equity in health service access, delivery and outcomes, have called for CHW engagement in COVID-19 response efforts. However, most COVID-19 response efforts are not incorporating CHWs into their response efforts and CHWs are not being engaged in their fullest capacity to scale-up COVID-19 response. While there are a few examples of health actors who are actively recruiting CHW expertise and participation, they tend to be organized at a local level, lacking in sustainable funding and infrastructure, and in general are not engaging CHWs according to the CHW Core Consensus project's defined CHW roles and competencies. This issue of leaning on the CHW workforce for support during this time without proper consideration of funding or sustainability will only become greater: as the pandemic approaches its one-year milestone, tens of millions of Americans' are now being victimized by the COVID-19 recession (hunger, housing and employment hardships), governors are calling for increased testing, contact tracing and public health measures, and pressure is mounting for racial equity in vaccine development and distribution. In each challenge, CHWs continue to be identified as a trusted and skilled workforce to join the fight against this pandemic and to scale readiness for future pandemics. It is crucial, then, that we capitalize on this moment to highlight the indispensable work CHWs are doing and to secure a sustainable future for the workforce.

At the time of this report's release, federal legislation is being considered to develop an ever-ready workforce for public health and social needs response and the incoming Biden administration has confirmed an interest in hiring 150,000 CHWs as part of a Build Back Better plan. However, some plans, including the Mapping the New Politics of Care project cited in this report, say that up to one million community health workers are needed for testing, contact tracing, social needs navigation and to address the increase in economic, medical and mental health needs resulting from the pandemic and centuries of health disparities. Comparatively, the US Department of Labor reported there were 58,950 CHWs employed in the US as of May 2019. Those numbers emphasize the findings of the New Politics of Care data that the current numbers of CHWs are not nearly enough to address the multitude of public health issues stemming from the current pandemic. Additionally, reported numbers of CHWs may be misrepresentative because CHWs work under many different titles and are employed or funded through various and often disparate means. As this report highlights, not only should the number of CHWs employed increase greatly to match the needs of vulnerable communities during

this pandemic, but the workforce requires sustainable funding and proper recognition in order to effectively participate in alleviating the burden of COVID-19.

About This Report

An Environmental Scan to Inform Community Health Worker Strategies within the Morehouse National COVID-19 Resiliency Network was developed by the National Association of Community Health Workers (NACHW) and a consultant from the Community Health Acceleration Partnership (CHAP) to examine key factors within the United States landscape that create challenges or opportunities to integrate the CHW workforce into COVID-19 responses. The methods, participants and geographic locations engaged in the development of the report are filtered by the Morehouse NCRN Five Priority Communities impacted by COVID-19 (Phase 1) as shown in the table below:

Methods

This report was developed using a multi-method approach which centered the voices and experiences of Community Health Workers (CHWs), CHW Networks, and their multi-sector allies (employers, nonprofits, community-based and cultural organizations, public health, primary care, government, etc.). CHWs are frontline public health workers whose trusted and/or unusually close relationship to the community they serve builds bridges, and improves clinical, behavioral and social service access, delivery, quality, and care system performance, while fulfilling at least ten core roles in over 50 job titles. Members of the CHW workforce often belong to communities disproportionately affected by inequities, CHWs are unique stakeholders in system transformation, representing both provider and patient/community members' voices. NACHW defines CHW Networks as community-based organizations (including CHW Associations and Coalitions) with leadership and/or membership that consists

National COVID-19 Resiliency Network Five Priority Communities Impacted by COVID 19 (Phase 1)

State/Territory	Priority Areas	Vulnerable Communities	Reasoning (all communities touch HPSAs)
Florida Georgia	Jefferson & Taylor County South	African American Hispanic Migrant Workers	Rising COVID-19 infection rates among African Americans and Migrant Farm Workers
Louisiana	Orleans, Jefferson, East Baton Rouge Parishes	African American Incarcerated	Quick rise in cases and deaths, 2nd highest incarcerated population in US, need for culturally appropriate approach for African Americans
Navajo Nation	Reservation touches Arizona, New Mexico, Utah	Native Indian	Largest American Indian population with the highest infection rate and most deaths; Need for additional culturally relevant resources
California Hawaii	Los Angeles Hawaii, all counties	African American Asian Pacific Islanders Hispanic	CA has Highest cases in US Asian Pacific Islanders highly impacted in CA and HI
Rural consortium Texas Alaska	El Paso, Moore County Anchorage	Hispanic Migrant workers • Meat Packing • Farmers Alaskan Native	Migrant Meat Packing and Farmer industry highly impacted Alaskan Natives at higher risk for COVID-19 related morbidity and mortality

of 50% or more of CHWs, and whose mission and activities focus on workforce development, mentoring, member mobilization, and advocacy.

Authors used the NCRN objectives and Five Priority Communities to filter and analyze publicly available secondary sources and investigations (census data, Social Vulnerability Index (SVI), County Health Rankings, CHW workforce capacity and allocation data, COVID-19 rates, etc.) into an environmental scan. Listening session and key informant interview data was also collected from September 2020 to December 2020. National Listening Sessions were conducted virtually with CHWs, CHW Network leaders and allies (both NACHW members and non-members). Virtual key informant interviews were implemented with national leaders whose primary focus was COVID-19 pandemic response at the time of engagement. Both were used to contextualize environmental scan data, deepen report perspectives and amplify trusted voices and culturally relevant recommendations. The Environmental Scan, Listening Session, and Key Informant Interview sections of this report are organized by NCRN Five Priority Communities and populations of focus, and the summary findings and recommendations of this report are organized by NCRN objectives.

Who Should Read this Report

Primary audiences for this report are the Morehouse School of Medicine and the Office of Minority Health National COVID-19 Resiliency Network leadership and its stakeholders, Community Health Workers, their Networks and training sites, CHW employers, program managers and partners, and local, state and federal COVID-19 response task forces and initiatives who seek to understand CHWs and their roles and capacity to strengthen COVID-19 responses. The report will additionally help readers understand the impact of COVID-19 on CHW programs and on the communities they support, and provide strategies to integrate CHW leadership and innovation into response efforts.

About the National Association of Community Health Workers

The National Association of Community Health Workers (NACHW) is uniquely positioned to develop this report. NACHW was founded in April 2019 after several years of planning and organizing by CHWs and allies to establish a membership driven organization with a mission to unify Community Health Workers to support communities to achieve health, equity and social justice. NACHW is a national voice for CHWs, CHRs, Promotores de Salud, and other workforce members promoting values of self-determination, integrity and social justice, facilitating policy discussions and advancing CHW professional identity and best practices, and amplifying CHW leadership and capacity building. NACHW is led by an Executive Director who is also a CHW, and enjoys governance from an advisory board of predominately 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.

NACHW launched a national CHW COVID-19 poll on March 16, 2020, to understand the information, resource, and self-care needs of CHWs. NACHW used the perspectives from CHW state leaders in our national Ambassador program to launch a national campaign with global and U.S. partners to amplify CHW roles and leadership potential, advocate for funding to scale up CHW Network capacity, and help operationalize CHWs and Network engagement in the COVID-19 response.

Using data from our first national poll, NACHW launched a national campaign to amplify the roles and leadership of community health workers and the capacity of CHW Networks during COVID-19. Highlights of our messaging, engagements, advocacy, research and impact include:

- Three Ways for Public and Private Institutions to Amplify CHWs during COVID-19
- Nine national town hall calls with over 30 CHW Networks from 27 states to disseminate and collect information, facilitate networking and unify national messaging on CHW roles during COVID-19
- A webpage on March 16, 2020 with curated and original COVID-19 resources for CHWs.
- A webinar and webcast in April 2020 with the CDC and ADA on the roles of CHWs during COVID-19 with a combined initial reach of over 4000 English and Spanish speakers
- Launching the Community-Based Workforce Alliance with Health Begins, Health Leads, the WHO Community Health Acceleration Project, Partners in Health, Last Mile Health and others intended to strengthen advocacy, communications, technical assistance, and monitoring
- A Health Affairs Blog in May 2020 articulating the ways CHWs can help Strengthen Public Health Response during the pandemic
- Published research on the insights from CHW State Leaders on the impact of COVID-19
- A web page listing CHW Networks, Associations, Coalitions and CHW training sites to promote membership in local Networks, training and career advancement and help facilitate partnerships with public and private institutions
- Presentation of Community Centered Solutions for Addressing COVID-19 among Racial and Ethnic Populations - Meeting Community Members Where They Are for over 400 attendees of the Sept 17, 2020 HHS OMH Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities virtual symposium

"The National Association for CHWs (NACHW) is an essential convening body and connection point for community health workers across America. With support from NACHW and local partners across America, CHWs can play a critical role in responding to COVID and in continuing to help vulnerable Americans manage chronic conditions. CHWs – and NACHW – should be front and center as federal and state leaders seek to move out of the pandemic and re-open society."
- Claire Qureshi, Community Health Acceleration Partnership at WHO

Findings and Recommendations Summary:

A successful COVID-19 response, including vaccination distribution, will depend on establishing an authentic feedback loop, and equitable engagement with communities to design, implement and monitor culturally relevant and effective strategies that invest in existing community assets, build trust and expand access to ensure public participation, partnership and accountability.

This section offers the following findings and recommendations organized by the six NCRN Objectives.

NCRN Objective One: Identify and Engage Vulnerable Communities **(through local, state, territory, tribe and national partners)**

All counties identified within the NCRN Five Priority Communities impacted by COVID-19 (PC) have at least one section with very high Social Vulnerability Index scores. In addition, each PC has a strong proportion of African Americans, LatinX, and/or Indigenous communities. All counties have struggled to provide proper care and support to vulnerable communities during the pandemic, and minority communities have

had an undue burden of COVID-19 cases in each PC. Pacific Islander communities experience a disproportionate amount of cases in almost every PC when adjusting to population. States including Florida, Hawai'i, Louisiana, and Texas do not even collect data or disaggregate data on COVID-19 cases and deaths according to race and ethnicity demographics, which erases the vast range of diversity within communities and erases the ability of PCs to track the burden of COVID-19 on minority communities.

CHWs are lower wage public health workers who are predominantly women of color and persons who shared lived experience with the under-resourced and historically marginalized communities where they are serving. This creates additional risk for CHWs as a frontline workforce and a demographic during the pandemic.

CHWs we spoke with said that they were largely overlooked in the engagement with COVID-19 testing and tracing. Often COVID-19 related job announcements failed to identify CHWs as eligible candidates or distribute announcements through CHW Networks or employers. Many Hawai'i CHWs and their allies reported that even when they completed required contact tracing training programs, they were not hired.

Most CHWs services have been significantly disrupted by the pandemic. Many have had to stop in person and community-located service delivery, including home visits, visits to shelters, soup kitchens and faith-based sites. CHWs who have been re-assigned to COVID-19 activities report being overburdened during the pandemic response because of increased community needs but lack administrative and professional development support. NACHW members and CHW leaders in our national Ambassador program report having to respond to their own health concerns and those of their family while trying to maintain and adapt their community-based services.

The struggle for CHWs to maintain their normal service delivery and not become overburdened with pandemic response ties directly to workforce capacity: CHWs have been historically under-resourced while taking on a large workload, and the difficulty in maintaining capacity has only increased during COVID-19 as communities across the US rely on CHWs but are increasingly lacking in funding to sustain the workforce. According to the Department of Labor statistics collected in 2019, each PC, with the exception of the Navajo Nation, employs at least several hundred CHWs. It is evident from the allocations of CHWs suggested by the Mapping the New Politics of Care project, however, that each PC will require many more CHWs if they hope to effectively respond to community needs during COVID-19. The data from Mapping the New Politics of Care reveals that without an infusion of CHWs into each PC, current CHWs lack the capacity to respond to the ever-growing number of COVID-19 cases, deaths, and related health concerns.

Recommendations:

- Collect disaggregated demographic data across all states, tribal nations and territories to improve identification of COVID-19 impact and advance health equity in response efforts
- Provide sustainable funding for CHW integration into current and future pandemic response by allocating funding to CHW Networks and community-based organizations
- Understand and respond to CHW professional development, training and personal support needs
- Recruit, train and hire CHWs in COVID-19 testing, tracing, and vaccine distribution efforts, giving consideration to the suggested number of CHWs delineated by the Mapping the New Politics of Care project and enlisting partners to reach those numbers
- Engage CHW Networks and training sites in your workforce development and public health response advisory, planning and implementation boards

NCRN Objective Two: Nurture existing and develop new partnerships **(to ensure an active information dissemination network)**

NACHW along with many US institutions have been increasingly prioritizing the roles of CHWs in the pandemic response. Along with the focus and amplification of the CHW workforce, there has been federal momentum in proposed legislation, state level and foundation funded initiatives, and within the Community Based Workforce Alliance to articulate a community based response. The opportunity exists for COVID-19 response to initiate and expand on authentic partnerships with CHWs and their networks/association/coalitions to establish a multi-sector infrastructure to address community information, resource and coordination needs and preferences.

With a few exceptions (Alaska, the Navajo Nation), a majority of the Five Priority Communities do not have robust state engagement of CHWs, meaning state health apparti are uninvolved in matters concerning the CHW workforce and do not seek out CHW participation or expertise in decision making. CHWs are funded through disparate and disconnected organizations, and funding is typically short term grant funding focused on programmatic work and services, not capacity building of the workforce. In every NCRN PC, the CHW workforce lacks sustainable funding and planning. Thus, in most cases, CHWs and their partners have been left to organize funding, certification, and other concerns of the workforce on their own.

For this reason, many states have organized CHW networks/associations/ coalitions. CHW networks, associations, and coalitions are run by and for CHWs and advocate for CHW workforce needs, which is why they should be authentically engaged. Each state in the Five PCs except for Hawai'i has a statewide CHW network/association/ coalition that convenes meetings of CHWs across the state and organizes efforts based on workforce capacity, engagement, and placement within public health infrastructure. While states like Alaska and Texas have statewide coalitions established by state legislation, most of the CHWs workforces in the five PCs have established networks/associations/coalitions on their own, and face challenges in obtaining funding and pursuing changes for the benefit of the workforce. There has been a trend in recent years of state actors enlisting CHW networks/associations/ coalitions to make recommendations and participate in advisory boards to further the capacity of the workforce, but despite such efforts, CHW networks still struggle to gather their own funding and advocate for themselves and their work.

CHWs and their networks have stressed the importance of identifying, partnering, and/or funding existing community COVID-19 responses. However, many report a lack of communication, coordination and integration between community/local initiatives and state initiatives. This gap is magnified for rural communities in places like Georgia, Texas, Louisiana and the Navajo Nation, who are not receiving resources and information at the same rate as urban communities. During the pandemic, CHW associations/networks have made recommendations to local and state actors, offering their leadership to scale up the contact tracing workforce, innovate and adapt CHW services, and incorporate their locally-sourced strategies, but those suggestions have not been implemented and many CHWs feel that no one is listening to them. A disproportionate number of community based organizations (CBOs) who have not gained access to CARES Act funding are led by and provide services and infrastructure to communities of color. A majority of CHWs are also employed by or volunteer for community-based organizations dealing a secondary wound to communities who need CHWs to be part of COVID-19 initiatives to communicate local contexts, leverage existing relationships and

lived experience, model cultural respect and support their capacity.

Recommendations:

- Develop capacity building for Community Based Organizations, such as the Community Based Workforce Alliance, through professional development and evaluate existing partnerships of CBOs and CHWs in order to connect CBOs with CHWs to expand their capacity and cultural understanding
- Invest in partnerships with CHW Networks and CBOs to build the capacity of their existing, locally sourced, COVID-19 response efforts
- Strengthen and assist COVID-19 communication and coordination between community/local and state actors to identify and fill gaps in coverage
- Acknowledge CHW networks infrastructure and information dissemination capacity and community expertise by inviting them to sit on advisory and planning boards
- Utilize COVID-19 trainings, webinars, and resources developed by and for CHWs and their Networks and disseminated by NACHW on our COVID-19 webpage and national webinars including:
    - Support CHW and Community mental health and self-care (Vision y Compromiso - California)
    - Leverage NCRN Strategic Partner existing initiatives such as the National Latino Behavioral Health Network trainings and initiatives
    - Apply CHW Network expertise in adapting services to telehealth platforms (Dia de la Mujer Latina y su Familia - Texas)
    - Adopt strategies to Advance CHW Engagement in COVID-19 (Community-Based Workforce Alliance - National)
    - Apply CHW Leader Expertise from HIV/AIDS and Refugee Trauma Initiatives (NACHW Webinar with Durrell Fox and Theanvy Kuoch)
- Invite CHW networks and training centers to add the Morehouse modules to their training curriculum to allow them to provide a more tailored training experience and disseminate more widely to this diverse workforce
- Conduct a network analysis with CHW Networks and local CBOs, to determine gaps in reaching at risk populations and improve coordination of information and strategies

NCRN Objective Three: Disseminate culturally and linguistically appropriate information **(in partnership with vulnerable communities and national, state, local, territory, tribe and government organizations)**

Most states in the NCRN initiatives are struggling with effective contact tracing and engagement with racial and ethnic minorities and non-English speakers. Contact tracers have been, in most cases, either contracted out or previous members of public health department staff, but typically not individuals hired directly from the communities that are most in need of these services. There is little evidence that contact tracers have been given cultural competency training when connecting with different communities. Lack of community trust and buy-in along with sufficient testing capability has been identified as a primary reason for failed efforts. All states that are included in the NCRN have been graded as having high readiness to test and trace (Arizona and Florida have been given medium grades).

Many CBOs and CHWs specifically have been largely left out of the conversation regarding contact tracing. There are many CBOs disseminating COVID-19 information to communities, but without coordination with

city and state officials, leaving gaps of vulnerable communities without appropriate attention and information. Most information distributed by CHWs comes from state actors with general messages in English, leaving CHWs and community organizations to translate and/or create materials which will be appropriate for each community. CHWs are largely doing this work individually without proper funding and support, once again resulting in communication and engagement gaps across communities.

In keeping with the Office of Minority Health CLAS Standards, NACHW seeks to deeply understand the cultural differences and values of all populations of focus in the Morehouse initiative in order to "advance health equity, improve quality, and help eliminate health care disparities." During the Listening Sessions and background research, we found that there were findings specific to different populations which transcended geographic areas and would be vital to developing linguistically and culturally appropriate understandings and materials.

The Navajo Nation continually has to reaffirm their sovereignty when interacting with the federal government and outside organizations. This relationship with outside entities has had a negative effect on the Nation, and their health outcomes, and contributed to the the disproportionate impact of COVID-19. In addition, when working with the Navajo Nation, organizations should consider the Hopi Nation, which is a separate sovereign nation with their own struggles and needs in regard to COVID-19. Other communities such as the Pacific Islander community and recent Asian immigrants and refugees have been often overlooked and lumped into a broader category, without considering the vast diversity in their experiences and needs in order to address COVID-19, which has disproportionately affected both communities. Migrant workers and LatinX communities around the US-Mexico border have unique challenges when mitigating COVID-19 because these communities have a great diversity in citizenship status, language, and types of seasonal work. Those recently incarcerated, which is a population which has rapidly grown due to early release and reduced sentences because of COVID-19, have many additional risks which make them disproportionately vulnerable to COVID-19 and this community is in need of connections to employment and social services. Patients and patient advocates should be incorporated in the NCRN, especially when the scope of the work changes from mitigating cases to addressing ongoing health disparities caused by COVID-19.

Recommendations:

- Compensate Community Health Workers for their involvement in document and messaging translation
- Recognize CHWs unique and trusted relationships and shared experiences with communities to develop and implement culturally appropriate information regarding COVID-19
- Assess CHW workforce capacity needs based on data such as the distribution on the Mapping the New Politics of Care, which calls for hiring 1 million CHWs to properly address the COVID-19 pandemic
- Recruit and compensate CHWs with a racial equity framework to allow CHWs to be a sustainable and effective resource
- Develop pathways of administrative support and CHW self-care resources to avoid burnout
- Offer professional trainings to build on knowledge bases and expand/support CHW roles
- Develop methods of coordination/ foster relationships with CBOs, CHWs, and state actors to coordinate all COVID-19 efforts and fill gaps
- Create trainings on cultural competency on different cultural beliefs for anyone working with various focus populations
- Follow the lead of community-based organizations, health providers, tribal nations and national teams centering

the CHW workforce in COVID-19 response:

- El Sol Neighborhood Educational Center
- Siloam Health
- Penn Center for Community Health Workers ImPACT
- Pacific islander COVID-19 Response Team
- Navajo Nation Community Health Representative Program
- HOPI Tribe Community Health Representative Program

NCRN Objective Four: Link vulnerable communities to resources with technology **(connecting communities to community health workers, healthcare, and services)**

CHWs have become an invaluable resource for vulnerable communities because CHWs are able to reach and communicate with communities in ways that traditional healthcare responses fail to do. CHWs traditionally work and live in the communities they serve, meaning they can meet patients in their homes and connect them to local resources. Because of their roots in a community, CHWs can also provide interpretation and translation services and provide culturally appropriate health information, which is not traditionally found in primary care or emergency medical services. CHWs also assist with communication for providers of healthcare, as CHWs integrated into care teams can explain to doctors and nurses what challenges communities face and what culturally appropriate care looks like. Despite their strengths in communication through grassroots engagement, CHWs face challenges in legitimating their role both in communities and as part of care teams, and COVID-19 has exacerbated those challenges. CHWs can no longer conduct house visits or in-person outreach in communities even as access to care becomes more difficult, and instead of engaging CHWs to reach vulnerable populations bearing the brunt of COVID-19, many institutions chose to lay them off. Now, in addition to the difficulties of outreach during the pandemic, CHWs are also lacking the resources needed to help communities most at risk of COVID-19.

In particular, CHWs and CBOs in NCRN communities lack effective communication about where resources exist for vulnerable communities. This is especially true for rural areas, which often lack resources, internet access, electricity, and the ability to organize a centralized resource center. For rural NCRN communities in Georgia, Texas, the Navajo Nation, there are the additional barriers of distance and lack of transportation to consider when accessing resources. For communities with the technological capacity and resources, the proposed NCRN app and other technologies will be a great way to organize and centralize social services, but for other rural communities without the technological infrastructure, they likely will not be able to utilize the app, causing greater disparity in access to resources. CHWs and allies also raised the persistent barrier of language access to the NCRN platform; often these technologies are not translated in a timely manner in response to urgent community needs.

CHWs and key influencers also discussed the lack of real time data on COVID-19 testing, contact tracing and social needs and mental health services (food pantries, shelters, utility benefits programs, warming centers, support groups, etc.). During the pandemic, many reported that CBOs who often coordinate these services closed their doors due to lack of revenue and to protect frontline workers. They are concerned that the NCRN platform will need to collect data and confirm these local resources through direct contact, drive-bys, phone calls and in-person visits - which will take significant time and human resources.

CHW networks offered innovative ways to use simple technologies like conference call lines to provide training and disseminate information and strategies. The

Florida CHW Coalition conducted COVID-19 training over the phone for hundreds of CHWs who could not access the internet. The Georgia CHW Coalition meets monthly with over 80 participants via conference call only to accommodate limited internet access among its members. The Navajo Nation Community Health Representative (CHR) program reports that the majority of CHRs leave work and return to homes without electricity or running water. Many CHWs lack access to the internet and mobile technologies, reinforcing their shared experience with the historically under-resourced communities where they live and serve.

Recommendations:

- Assess and respond to the current technology infrastructure (access to cell phones, laptops, internet, electricity, etc.) in NCRN communities
- Work with NCRN Strategic partners and local experts to understand and adapt NCRN platform and app to different technological literacy and comfort levels
- Mobilize CHWs and NCRN community partners expertise and compensate them to identify, confirm and enter data into the platform/app
- Prioritize NCRN platform data entry based on the most pressing needs/questions from community members
- Ensure NCRN platform addresses barriers experienced by low income, low literacy, undocumented and justice involved persons when interacting with social services
- Create/develop alternative to new technologies taking into account the resources and infrastructure of rural communities
    - Develop a help-line as an alternative to those without internet access
    - Possibly use television or radio to broadcast the most vital social services

NCRN Objective Five: Monitor and Evaluate **(identifying successes and measuring outcomes to improve the program)**

There have been very few efforts trying to track and quantify COVID-19 outreach and communication/education efforts during this time, either within or outside of the CHW workforce. The few places that have gathered data, mostly around contact tracing, have found contact tracing to be very poorly received and generally ineffective both in reaching vulnerable people and in curbing the spread of COVID-19. Many local health departments and community organizations are utilizing the CHW workforce for COVID-19 response, but their influence is not being properly measured. Without data collection at this stage, it will be difficult to make the case for more sustainable inclusion of the workforce beyond this pandemic.

In every national listening session and key informant interview we conducted, a majority of the participants indicated that NACHW's introduction of the Morehouse NCRN initiative was the first time they had heard of such an initiative and of their local community or county as being a priority community for Morehouse and the Office of Minority Health. Participants expressed the challenge of a new initiative entering their community without local endorsement or input. Many participants hesitated to confirm their willingness to "sign on" to the NCRN initiative, stating that there were so many initiatives around COVID-19 currently taking place that did not authentically engage them, invest in them or acknowledge their expertise.

Recommendations:

- Connect to CHW State associations to see if they have evaluated success/effectiveness of COVID-19 response, in order to scale capacity of successful initiatives or fill in gaps of coverage
- Develop more evaluation for the CHW workforce through NACHW and other

national partners, in order to best utilize CHWs expertise in the COVID-19 response
- Engage CHWs, CHW Networks and key influencers on the frontlines of COVID-19 response and innovation in the NCRN Strategic Advisory Partners and Community Coalition opportunities to inform all phases of design, development, implementation and evaluation /adaptation of NCRN objectives
- Recruit Advisory and Coalition organization membership who are trusted by local communities.
- Recruit CHWs from local, county and state Networks, faith-based organizations, support groups and cultural organizations, etc.
- Ensure that Advisory and Coalition members establish authentic feedback loops with local and impacted communities and provide regular insights to NCRN
- Define and track health equity measures throughout the NCRN life cycle

NCRN Objective Six: Comprehensive Dissemination

(using mainstream media, white papers, and publications to educate and train the response workforce)

The CHW workforce requires quality tools and information in order to do their jobs effectively. Evidence in this report suggests the workforce and those being trained for COVID-19 response do not have enough resources. Members of the response workforce are receiving brief, generalized training that does not effectively prepare them for the challenges vulnerable populations are facing in maintaining safety during this pandemic. Lack of clarity on CHW roles and of prior partnership with CHW Networks and CBOs has impacted successful integration of existing COVID-19 response efforts and local expertise.

Some members of the CHW workforce, particularly in rural areas, do not even have access to certain mainstream media, making it more difficult for them to connect with other CHWs, or get up-to-date COVID-19 information. NACHW was the first national organization to develop and curate a webpage with COVID-19 materials specifically related to the information, resource and self-care needs of the CHW workforce. NACHW also helped the Centers for Disease Control and Prevention develop their webpage for CHWs (launched in November 2020) and has engaged Ethnic Media Services (reaching over 80 culturally and linguistically diverse journalists) in response to the desire for communities to understand the roles of their local CHWs in COVID-19. While CHWs do have data about COVID-19, it is difficult for them to find ways to translate it and disseminate it, especially because there is no centralized dissemination source for coordinating different efforts to reach diverse populations.

Recommendations:

- Use NACHW and other CHWs Networks as a dissemination partner to connect to CHWs and other partners
- Leverage trusted local publications and distribution channels most widely utilized by the Community Workforce through workforce evaluations in order to best disseminate to CHWs
- Conduct a network analysis of NCRN National Strategic Partners and Community Coalition members to develop a COVID-19 partnership, intervention and training inventory
- Disseminate the CDC Resources for Community Health Workers, Community Health Representatives, and Promotores de la Salud
- Disseminate NCRN content through CHW Network and CHW employer newsletters and training centers, etc.
- Offer updates through national conference calls at off peak hours when CHWs are not working
- Translate NCRN updates, progress reports and all communication materials into the major languages spoken within the NCRN Priority Communities