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

COMMUNITY HEALTH WORKERS ARE NEEDED MORE THAN EVER TO STRENGTHEN COVID-19 RESPONSE

During the COVID-19 pandemic, global health leaders, health providers, legislators, policy makers and funders have called for the rapid scale up and integration of Community Health Workers (CHWs include promotores and community health representatives and over 50 other work titles) to strengthen public health and local and state COVID response plans. On March 19, 2020, the U.S. Department of Homeland Security Cybersecurity and Infrastructure Security Agency (CISA) 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.

WHY AREN’T MORE COMMUNITY HEALTH WORKERS INTEGRATED INTO COVID-19 RESPONSE?

Many U.S. COVID-19 response efforts lack robust and authentic CHW integration into their response efforts in their fullest capacity. For example, pandemic planning groups and task forces who are actively recruiting CHW expertise and participation, are often disparate in their implementation of best practices in CHW recruitment, hiring, training, supervision and career supports such as are described in the nationally endorsed CHW Core Consensus project. Further many of these groups do not apply guiding CHW policies from the American Public Health Association that articulate CHWs’ capacity to lead the design and implementation of workforce training and certification policy and decision-making.

More than one year into the pandemic, tens of millions of Americans are being victimized by a 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. Now is the time to identify CHWs as a trusted and skilled workforce, with experience responding to infectious disease pandemics like HIV and natural disasters like Hurricane Katrina, to join this national fight and to scale up America’s readiness for future pandemics. We invite legislators, public and private institutions, funders and providers to meet this challenge and maximize opportunities to highlight the indispensable work CHWs are doing now (and have been doing for decades) to secure a sustainable future for the workforce.
WHO ARE COMMUNITY HEALTH WORKERS?

Community Health Workers (CHWs) is an umbrella term including promotores, community health representatives and more than 50 other job titles. CHWs are frontline public health workers who are trusted members of and /or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (APHA, 2014), and improves clinical, behavioral and social service access, delivery, quality, and care system performance.

CHWs are predominately persons of color, who share ethnicity, diagnosis, socio-economic status and geography with the communities they serve. CHWs are disproportionately affected by inequities, often experiencing many of the same barriers to the social determinants of health and healthcare with marginalized communities. As a result, CHWs are unique stakeholders, pursuing equity in system transformation and representing both provider and patient/community members’ voices. As designated health professionals in the Patient Protection and Affordable Care Act, CHWs have proven effectiveness in reducing health equities, containing costs, and improving outcomes across a wide range of diseases and conditions.

Despite nearly 60 years of research on CHW effectiveness, two decades of public health recognition, landmark workforce development studies, and a national labor classification, CHWs and allies are still building a national identity, state-level policies and models for sustainable funding. When the roles and leadership capabilities of community health workers are actualized and their organizing infrastructure is cultivated, CHWs can join with other professions to co-create and implement programs, practices, and policies that achieve health, racial equity, and social justice.

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Policy Recommendations to Respect, Protect and Partner with Community Health Workers During the Pandemic and Beyond

RESPECT COMMUNITY HEALTH WORKERS

• Explicitly identify Community Health Workers (CHW) in legislation, regulation, funding announcements and models.
• Ensure CHW self-determination and 50% or more CHW participation in all workforce decision-making processes (APHA 2014)
• Promote the classification of CHWs as essential, critical infrastructure workers during the COVID-19 pandemic, and future pandemics, in all states, territories and tribal nations per the guidance of the US Dept of Homeland Security CISA
• Recognize CHW contributions to health in the U.S. by instituting permanent funding streams and promoting the visibility of CHWs to provide a unified voice in the field (APHA Policy 2001)
• Acknowledge the global history, values, self-determination, commitment to equity, diversity and inclusion and unique culturally appropriate and trusting relationships of the CHW workforce with the communities where they live and serve
• Encourage CHWs and their employers and allies to support accurate tracking of the CHW workforce under the U.S. Department of Labor Bureau of Labor Statistics using the CHW Standard Occupational Classification (#21-1094)

PROTECT COMMUNITY HEALTH WORKERS

• Recruit and hire of authentic CHWs who are trusted in and have shared experiences with their communities
• Prioritize access to COVID-19 vaccines for all CHWs regardless of where they work or serve
• Provide CHWs access to personal protective equipment (PPE) commensurate with job-related risk and aligned with CDC guidance
• Guarantee CHWs an equitable employment package including a living wage, paid sick time and hazard pay, health care coverage and transportation reimbursement
• Ensure CHW employers provide appropriate training, supervision and workloads related to new COVID-19 task re-assignments
• Collaborate with CHWs to establish self-care and social support needs and access to resources, and address gaps
• Advance CHW sustainability models that are culturally appropriate, improve community integration, investment and capacity, and establish workforce development and career pathways developed with CHW leadership
PARTNER WITH COMMUNITY HEALTH WORKERS

- Integrate CHW leadership in the design, development, implementation and monitoring of programs and services impacting the communities where they live and serve
- Urge state, federal and tribal governments and private insurers to provide direct reimbursement (preferably through a value-based care payment model) for CHW services as an integral part of the Medicare, Medicaid, SCHIP, and tribal health programs (APHA 2009)
- Invest in CHW Networks (Associations, Networks and Coalitions comprised of 50% or more of CHWs in leadership and membership, and whose mission and activities focus on training, workforce development, mentoring, member mobilization, cross-sector networking and advocacy)
- Invest in trusted community-based organizations who employ CHWs (employers that preserve and promote the fidelity of the CHW profession with respect to scope of practice and Common Indicators and who establish equitable policies and procedures that respect and protect CHWs and the communities where they live and serve)
- Require at least 50% of CDC, HRSA, DOL and other funding allocated to scale CHW integration into COVID-19 response to be contracted to trusted community-based organizations, CHW Associations, Networks and or Coalitions.
- Streamline grant and contract making processes to ensure equity, diversity and inclusion of CHW-led organization applicants (in language access and flexibility regarding required documentation)
- Develop funding contracts during the COVID-19 pandemic and beyond that support community-defined services and needs including chronic disease prevention and screenings, vaccine education, access and distribution, testing and contact tracing, care coordination and direct service/referrals for medical and behavioral health services, nutrition and housing, child-care, workforce development and healthcare coverage enrollment with explicit non-discrimination protections
- Provide emergency grants to CHW-led and trusted community-based organizations and extending special enrollment periods to enroll people in Healthcare.gov and their state-based marketplaces.
ABOUT THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

The National Association of Community Health Workers (NACHW) was founded in April 2019 after several years of planning and organizing by CHW leaders and allies across the country 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, 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 ethnic and geographically diverse, majority CHW Board of Directors with decades of research and practice expertise in CHW roles and competencies, training and workforce development, community organizing and mobilization, intervention design and evaluation, equity and social justice advocacy, research and policy leadership and organizational capacity building.

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RESOURCES TO ADVANCE CHW LEADERSHIP AND INTEGRATION INTO COVID-19 RESPONSE

Articles, Blogs and Research
• NACHW 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
• Joint Statement with Health Leads and partners on Ensuring Racial Equity in the Development and Distribution of a COVID-19 Vaccine
• A Blog COVID-19 Sparked a Health Equity Movement – and Vaccines are Just the Beginning
• Kaiser Health News Article: Community Health Workers, Often Overlooked, Bring Trust to the Pandemic Fight

COVID-19 Coalitions and Partnerships
• The Community-Based Workforce Alliance co-founded 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

Handouts, Reports and Playbooks
• NACHW handout on Ways for Public and Private Institutions to Amplify CHWs during COVID-19
• NACHW handout on ways to partner with CHWs during COVID unify national messaging on CHW roles during COVID-19 developed through engagement with over 30 CHW from 27 states
• NACHW Environmental Scan to Inform Community Health Worker Strategies within the Morehouse National COVID-19 Resiliency Network
• A Playbook for Local Health Departments to Advance CHW Engagement in COVID-19 Response Strategies developed by the Community-Based Workforce Alliance

Webinars and Websites
• NACHW webpage with curated and original COVID-19 resources for CHWs.
• NACHW webinar and webcast with the CDC and ADA on the roles of CHWs during COVID-19
• NACHW web page with CHW Networks, Associations, Coalitions and CHW training sites to promote local CHW Network membership, training, career advancement and partnerships
• NACHW webinar for the 2020 HHS OMH Virtual Symposium on Community Centered Solutions for Addressing COVID-19 among Racial and Ethnic Populations - Meeting Community Members Where They Are
• Webinar: Overcoming Barriers To Equitable And Effective COVID-19 Vaccine Distribution
• A Vaccine Equity Resources website developed by Health Leads, NACHW, Native Ways, CONVINCE, CHAP and partners to center racial equity in vaccine distribution
• A CDC web page with Resources for Community Health Workers, Community Health Representatives, and Promotores de la Salud

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